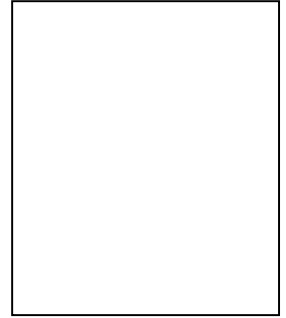




THEATRE GROUP JOINING FORM



Name : _____
Father's Name : _____
Date of Birth : _____
Occupation : _____
Address : _____

Contact Numbers : _____

Email Address : _____

PAN Number : _____

Your Previous Experience in Theatre/Acting :

I hereby declare that the information provided by me is true and correct. I will abide by the rules and regulations of the Group.

Signature