

**APPLICATION FOR BOOKING OF MEGHDOOT THEATRE**

Name of the Individual /Institution/ Organization	
Whether SNA Fellow/Awardee. ( Please give details)	
Complete Postal Address with name of State and Tel No.	
Collaborative or Self Supported	
If collaborative, name and address of the collaborator	
Purpose for which Meghdoot Theatre has been requested	
Meghdoot Theatre proposed for booking. Meghdoot - I (Open Air) Meghdoot - III ( Indoor )	
Proposed dated for booking of Meghdoot Theatre (Alternate dates may please be indicated)	
Duration of the Programme	
No. of the Artists	

**DECLARATION TO BE MADE BY THE INDIVIDUAL/THE SECRETARY/PRESIDENT OR THE  
CHAIRMAN OF THE ORGANIZATION**

I hereby declare that the statements made in this application are true to the best of my knowledge and that we will abide by the rules and condition laid down by the Sangeet Natak Akademi.

Date: .....

Signature .....

Station .....

Name .....

Individual / Secretary / President / Chairman

Seal of the Institution