

CULTURAL ASSESSMENT CENTRE

Registered w the Registration of Societies West Bengal Act. XXXVI of
1961 No. S0017745 of 2020-2021 dated 17th March 2021

An ISO 9001 : 2015 Certified Organisation



CENTRE AFFILIATION FORM

Date of Application	
Name of the Centre	
Name of the Head of the Centre	
Full Address	
Contact Details	
Full Address of other Branches of the Centre (If Any)	
Contact Details (Branch Office)	
Establishment Year of the Centre	
Govt. Registered No. (If Any)	
Details of Cultural Subjects of the Centre (Please Tick on Left Sight)	1. Vocal Classical 2. Rabindra Sangeet 3. Other Bengali song 4. Instrumental (Sitar, Sarod, Flute Etc 5. Tabla 6. Kathak Dance 7. Odissi Dance 8. Bharat Natyam 9. Recitation 10. Painting 11. Art & Craft 12. Drama 13. Any Other Subject

Declaration I /we wish to get affiliated with Garia Cultural Assessment Centre, Kolkata. I/We are very much pleased to open an Assessment Centre at my / our place. I /We will obey all the rules and regulations of the Garia Cultural Assessment Centre, Kolkata which are implemented by them. I/We also declare that recognition of certification / Diplomas awarded by Garia Cultural Assessment Centre Kolkata is fully satisfied for the same.

Thanks.- Principal/ Centre Incharge

Signature with Seal of the Principal/Centre Incharge



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APPLICATION FORM

Examination Form for Annual / Bi-Annual Examination Session 20____ 20____.

1. Name of the Candidate (in Block Letters)

Centre No. _____

2. Father's Name (in block Letters) MANDATORY

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3. Mother's Name (in block Letters)

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4. Full Address with Phone Number

5. Date of Birth and Sex

_____ Sex ☐ Male ☐ Female ☐ Others (Please Tick)

6. Nationality and Mother Tongue

7. Class and Subject in which the
candidate is appearing

Class _____

Subject _____

8. (a) Details of previous examination

9. Name of the Affiliated Examination Centre from which the candidate wants to appear

10. Educational Qualification

Declaration : I declare that the particulars given above in the form are true and correct. I accept full liability for any action against me under the rules and regulations of the GCAC. I have carefully read about the instructions overleaf and will comply with the same. I further declare that I am fully aware of recognition of certifications / diplomas awarded by Garia Cultural Assessment Centre & is fully satisfied about the same.

Full Signature of the Candidate

I declare that candidate is eligible for the examination as stated above.

Candidate Roll No. _____

Date : _____

Place : _____

Signature of the Incharge / Principal with Seal

Admit Card

GARIA CULTURAL ASSESSMENT CENTRE
To be filled by the candidate

Roll No.

Name :

Son/Daughter/ Wife of :

Subject Year Session

Centre Name

For GCAC



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Examinership Form

Date of Application	
Name of the Application (in Block Letters)	
Father's Name	
Full Address of the Applicant	
Contact Details	
Date of Birth	
Sex	
Marital Status	
Nationality	
Educational Qualification	
Musical Certification/ Diploma/ Degree	
Current Profession	
Have you any Centre which is affiliated with GCAC?	
(If Yes) Name of the Centre	
Subject applied for which Practical / Theoretical examination will be taken	1. Vocal Classical 2. Rabindra Sangeet 3. Other Bengali song 4. Instrumental (Sitar, Sarod, Flute Etc 5. Tabla 6. Kathak Dance 7. Odissi Dance 8. Bharat Natyam 9. Recitation 10. Painting 11. Art & Craft 12. Drama 13. Any Other Subject

Terms & Conditions: It has been decided by the Executive Committee members of GARIA CULTURAL ASSESSMENT CENTRE for registration process for Practical / Theoretical Examinership for the different subjects of examination criteria which is conducted by GCAC. Examinership Charges of 1000/-. Once the amount has been received, committee members will take an online Test for the same. Preference will be given those who are affiliated with GCAC and appointment letter will be given as GCAC Examiner. The fees will be deposited by online at GCAC bank account.

I Agree

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I Don't Agree

☐

Date :

Signature of the Examiner