



# KERALA KALA SAMITI

Regd Office : A/54, KKS Centre, Baramunda, Bhubaneswar – 751 003, Odisha  
(Regn No.5184/290/1966)

e-mail : kksbbsr@gmail.com

## Membership Application Form

Please tick (whether Life Member or Member)

Life Member

Ordinary Member

(paste passport size photo)

1	Name (Block Letters)				
2	DoB				
3	Blood Group				
4	Mobile No.				
5	Email ID				
6	Occupation				
7	Office Address			Phone No.	
8	Present Address			Phone No.	
9	Permanent Address			Phone No.	
10	Marriage Details	DOM	Name of Spouse	DoB	Blood Group
11	Family Details	Name	(S/D)	DoB	Blood Group
Declaration :		I hereby declare that the above information is correct to the best of my knowledge and belief that I shall abide by the rules and regulations of Kerala Kala Samiti, Bhubaneswar			
Date :		Signature :			
Introduced by : (To be introduced by EC member)			Signature :		
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For office use only					
Membership fee paid	Rs.	Receipt No.		Date :	
Life Membership fee paid	Rs.	Receipt No.		Date:	
Enrollment as a Member /Life Member of the Kerala Kala Samiti, Bhubaneswar is approved by the Executive Committee in the ECM held on :					
Date:	Secretary:	Name	Signature		