



# KERALA KALA SAMITI

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

e-mail : kksbbs@gmail.com

## Membership Application Form

Please tick (whether Life Member or Member)

Life Member

Ordinary Member

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 : Signature :  
(To be introduced by EC member)

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