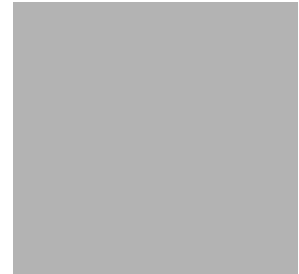


**Residency application form please duly fills up and mails us back the scan copy and carries the original to submit at the Residency.**



Name of the candidate: \_\_\_\_\_

Contact No: \_\_\_\_\_

Photograph

Email ID: \_\_\_\_\_

Website: \_\_\_\_\_

Educational Qualification: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agreement:

I hereby abide to the terms & conditions and would like to avail the Kalakriti Residency for the Dt | Month | Year.

Signature

Date / Place