

Application for Allotment of Telugu Lalita kala Thoranam

To,
The Director
Department of Culture
Kala Bhavan, Hyderabad-4
Phone: 3232542, Fax: 040-3213832

Sir/Madam,

I/We request that the Telugu Lalitha Kala Thoranam (Stage & Auditorium) may please be allotted to me /us for my/our use as detailed below:

1. Name of Applicant :
2. Organization (Regd.No) :
3. Date(s) of Programme :
4. Time of Programme :
5. Nature / Name of Programme :
6. Artists Participating :
7. Duration of Programme :
8. Admission by Tickets/Invitation:
9. Any other details :

I/We have read the Rules & Regulations for letting out your theatre (Stage & Auditorium & Green Rooms) as detailed therein and agree to be fully bound by them.

The rent Rs.....D.D.No.....Dated.....and caution
Deposit of Rs.....D.D.No.....Datedis remitted.

Full Name:

Address :.....
.....
.....

Telephone No:

(Signature)