

ODISHA LALIT KALA AKADEMI
Sanskriti Bhawan, Museum Premises, Bhubaneswar – 751014
APPLICATION FOR AFFILIATION

To
The Secretary,
Odisha Lalit Kala Akademi,
Sanskriti Bhavan, Museum Complex,
Bhubaneswar - 751014

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|---|
| FOR OFFICE USE |
| Affiliation No. |
| Date: |
| Signature of Secretary Odisha Lalit Kala Akademi |

Sir,
I/We intend to get my / our institution affiliated with the Odisha Lalit Kala Akademi and follow the prescribed Courses of studies for imparting art education to children. I/We have gone through the Rules of affiliation and undertake to abide by them. Particulars regarding the institution are given below:

1. Name of the Institution _____
(in capital letters)
2. Full Address _____

3. Year of Establishment _____
4. Whether registered under the Societies
Registration Act. If so, give Registration No
and attach xerox copy of Registration _____
5. Running in its own/rented building ? _____
6. Whether having necessary teaching aids ? _____
7. Total number of student :
(a) Preparatory Course _____ (b). Junior Certificate Course _____
(b) Senior Certificate Course _____
8. Name of the Principal / Secretary _____
9. Name of the Teacher and their Qualifications _____
10. Whether the institution has been previously affiliated
with any other organisation _____
11. Contact Phone No. _____

Place :

Date :

Signature of Principal / Secretary
with seal