



SYRO MALABAR CULTURAL ASSOCIATION , KUWAIT

Guardians of a Glorious Tradition

I.E Reg.: INDEMB/KWT/ASSN/121

www.smcakuwait.org

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Registration Form For Individual Items **For SMCA Member**

Name of Member : _____

Reg. No. : _____ Civil ID No. _____ Area : _____

Tel. No./ Mobile No. _____ E-mail : _____ Zone : _____

Name of the Participant : _____

Date of Birth : ____/____/____ Civil ID No. _____ Group : _____

Item:

1. _____

2. _____

3. _____

Declaration : All the information provided above is true. I have read and understood the rules and regulations of the Arts Competition. I undertake hereby that my family members and I shall comply with all rules & regulations.

Signature of Member :

Date :