

SYRO MALABAR CULTURAL ASSOCIATION KUWAIT



The Guardians of a Glorious Tradition I.E. Reg: INDEMB/KWT/ASSN/121

കലോത്സവം

REGISTRATION FORM FOR GROUP ITEMS LAST DATE: 25 OCTOBER 2024

| Please Select the Group | | |
|-------------------------|--|--|
| മാർഗ്ഗം കളി | | |
| ലഘുനാടകം | | |

| SI. No. | Role | Name of the Participent | SMCA Reg No. | Name of Parent (SMCA Members Name) |
|------------|-------------|-------------------------|--------------|--|
| 1 | Team leader | | | |
| 2 | Participent | | | |
| 3 | Participent | | | |
| 4 | Participent | | | |
| 5 | Participent | | | |
| 6 | Participent | | | |
| 7 | Participent | | | |
| 8 | Participent | | | |
| 9 | Participent | | | |
| 10 | Participent | | | |
| 11 | Participent | | | |
| 12 | Participent | | | |
| 13 | Participent | | | |
| 14 | Participent | | | |
| 15 | Participent | | | |

| Declaration : All the information provided a | bove is true. I have read and understood the rules and regulat | tions |
|---|--|-------|
| of the Arts Competition. I undertake herel | by that my family members and I shall comply with all rule | es & |
| regulations. | | |
| Signature of the Member | Date [.] | |