



**REGISTRATION FORM FOR PARTICIPANTS  
SAARC FESTIVAL OF TRADITIONAL INSTRUMENTAL MUSIC AND WORKSHOP 2021 –  
BHUTAN (VIRTUAL MODE)**

**SECTION I- PERSONAL DETAILS**

i. Participant's First Name:\*  Last Name

ii. Specialised Instrument (Please specify)

iii. Nationality:

iv. Address:  City   
 Zip code  Country

v. DOB:   *Date*   *Month*     *Year*

vi. Gender: *Male*  *Female*  v. Email Address

vi. Contact : *Mobile*   
 : *Landline*

vii. Designation:  Affiliation(s)

viii. Have you ever participated in any programmes organised by the SAARC Cultural Centre? Yes  No   
 If yes, please specify

ix. Academically trained  Self-taught

**PROFESSIONAL EXPERIENCE (Please specify the last three performances you participated)**

Name of the Event(s)/Programme(s)	International/National	Individual/Troupe	Year/date(s) Held

**SECTION II**

**BRIEF DESCRIPTION ABOUT THE PROPOSED ITEMS TO BE SUBMITTED/ PERFORMED**

ITEM NO.	NAME AND DESCRIPTION	NAME/S OF THE PARTICIPANT/S	SPECIFIC INSTRUMENT/S	DURATION


**DECLARATION:**

I/We do hereby certify that the items performed in the SAARC Festival of Traditional Instrumental Music has/have not been performed at any other national or international arena or not submitted to any other performance or a competition or not a copy or duplicate of another composition, and that I/we confirm that the items that are composed and performed are the original work of the named artists.

Date:

Signature/s

	Name	Signature
01	.....	.....
02	.....	.....
03	.....	.....
04	.....	.....
05	.....	.....
06	.....	.....

\* In the case of group performances, please indicate the name of the Group leader in the particular box and clearly indicate the names of all the participants at the bottom of the application where you have to insert your signature. This will be the name appeared in your Certificate.



**REGISTRATION FORM FOR ACADEMICS AND RESEARCH SCHOLARS**  
**SAARC FESTIVAL OF TRADITIONAL INSTRUMENTAL MUSIC AND WORKSHOP 2021 - BHUTAN**  
**(VIRTUAL MODE)**

**TO BE COMPLETED BY THE RELEVANT LINE MINISTRY**

	Name of the resource person	Affiliation	Academic Qualifications	Expertise/Interests Teaching/Research	Contact Information	
					Phone No.* Mobile/WhatsApp Mobile	E-mail
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

I/We do hereby authenticate that the above named scholars/ researchers have been nominated and recommended to participate in the Online Interactive Workshop as part of the SAARC Festival of Traditional Instrumental Music and Workshop to be held in Bhutan.

Name of the Officer attesting : .....

Signature of the Office : .....

Date: .....

Official Stamp :