



Suro Bharati Sangeet Kala Kendra

A Government Registered Examination Body of Music & Fine Arts Education
International Organization for Standardization Certified
Music / Fine Arts / Dance / Recitation / Crafts

APPLICATION FORM FOR AFFILIATION

The Secretary \ Registrar,

Would you please affiliate my / our Institution to Surobharati Sangeet Kalakendra. I / we am / are able to start an Examination Centre according to your syllabus and shall try our best to up-hold the ideals of the Kendra. The necessary particulars are given below for your kind perusal. I / we assure you that I / we always try to abide by the existing rules and regulations or whatever further imposed or amended by the Kendra. It is certified that the information supplied are true and correct to the best of my / our knowledge.

I / we hereby state that a sum of Rs. _____ (Rupees _____ only) has been remitted by M.O / Cash/Draft No. _____ to you on _____.

Yours faithfully,

(Secretary/Principal with seal)

DETAILS OF THE INSTITUTION

1. Name of Institution: _____
(In Block Letters)

2. Address in Full: _____ P.O. _____

Dist _____ State- _____ Pin

3. Address in Full (Optional):: _____ P.O. _____

Dist _____ State- _____ Pin

4. Contact No. (Mob- 1)
(Mob- 2)

(Mob- 3)
Land Line

5. Email (If any): _____

6. Website (If any): _____

Name of the faculties (with cultural qualification) :-

1. Name _____ Subject _____ Qualification _____

2. Name _____ Subject _____ Qualification _____

3. Name _____ Subject _____ Qualification _____

4. Name _____ Subject _____ Qualification _____

5. Name _____ Subject _____ Qualification _____

No of Rooms in the Institution (with size) _____

No of Books available _____

Instruments available _____

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Form No. _____

Received Rupees From Mr. / Mrs.

On for the application of Affiliation of his / her institute under Suro

Bharati Saneet Kala Kendra.

Place Signature

7. Number of Students: _____
8. Subject: _____
9. Name of the other examining organization in this Institution: _____
10. Is it your own affiliation or not? _____
11. Whether registered under Societies Registration Act. If so then mentions the Registration no: _____
12. Year of Establishment:

DETAILS OF THE PRINCIPAL / SECRETARY

1. Name _____
2. Address: _____
3. Date of Birth
4. Gender - Male / Female
5. Academic Qualification _____
6. Cultural Qualification _____
7. Others Profession of the principal (If any service or Business): _____
8. Contact No. (Mob- 1) (Mob- Optional)
- Land Line
9. Email Id./ Website _____
10. Other Social Network id. Facebook _____
- Twitter / Instagram _____

Recommendation

1. Recommended By: _____
2. Address: _____
3. Centre code (if any) _____

Date -

Full Signature of the Principal / Secretary

**[N.B – This form is applicable only for the following countries
(a) India, (B) Bangladesh, (c) Nepal, (d) Bhutan & (e) Srilanka.]**

AFFILIATION FEES – RS. 1000/- (FOR INDIAN INSTITUTIONS)

Suro Bharati Sangeet Kala Kendra

Address – 19/I Vivekananda Lane, Serampore, Hooghly. Pin Code – 712201 (West Bengal)

Phone No.– 1800-120-5943(Toll Free) (Office, Help Line, 11.00 am to 7.00 pm), (+91) 8647968894 (Help Line, 11.00 am to 7.00 pm) , (+91) 9883967055 (Mr. Arijit Chakraborty, President of the Executive Committee)