

KANAKLAL BARUA MINI AUDITORIUM  
DIRECTORATE OF MUSEUM, ASSAM  
GOVERNMENT OF ASSAM  
GUWAHATI-781001

Date of submission :-

To,  
The Director,  
Directorate of Museums, Assam  
Guwahati-781001.

APPLICATION FORM  
FOR USE OF KANAKLAL BARUA MINI AUDITORIUM

NAME OF THE ORGANISATION :

FULL ADDRESS :

TELEPHONE NO. :

MOBILE NO. :

REGISTRATION NUMBER (WITH DATE)  
OF THE ORGANISATION. :

AIMS AND OBJECTS OF THE ORGANISATION :

BRIEF ACCOUNT OF THE FUNCTION  
(WITH AGENDA OF THE FUNCTION) :

DATE AND TIME OF THE FUNCTION :

I am aware of the terms and conditions for the use of Kanaklal Barua Mini Auditorium and I shall abide by those terms and conditions.

SIGNATURE OF THE APPLICANT .....

FULL NAME OF THE APPLICANT .....

DATE :- .....

For Office use :-

No. ....

Received from .....

in the month of ..... He/She requested to enquire in the Office

on .....