

Birla Industrial and Technological Museum
19A Gurusaday Road. Kolkata – 700 019

1. Name of the School with Address: _____
Telephone No. and e-mail id _____

2. Name of the Drama : _____

3. Language of the Drama : _____
4. a) Name of the Director with Ph. No. : _____
& Residential Address _____

- b) Director of the Drama : Teacher Outsider
(Put “√” Mark in the box)
5. a) Name of the Script Writer with Ph. No. : _____
& Residential Address _____

- b) Script Writer of the Drama : Teacher Outsider
(Put “√” Mark in the box)
- c) Is the Script of the Drama in the form of : Yes No
printed book (Put “√” Mark in the box)
6. If the Drama (Script) is borrowed, have the : Yes No
permission being taken from the authority ?
(Put “√” Mark in the box) (If yes, please send a copy of the permission letter)
7. Duration of the Drama : _____minutes [maximum 30 minutes]

8. List of materials required for the drama: (separate sheet may please be attached)

9. Details of the participants (Please fill up the following format):

Sl. No.	Name of the Participants and Class	Name of the role played in the drama	Residential address, telephone nos., e-mail id
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.		Director	
10.		Script writer	

Date:

Signature of the Head of the Institution with Office Seal