

**Application for registration
in the Department of Cultural Affairs from Private Kalayathanas**

Number

For Office use only

01. Name of Kalayathanadhipathi and Identity Card No.:-.....
.....
02. If Kalayathana is administered by an Institution/Board – give its name
Name of the Head of Institution/Name/Status:-.....
.....
Telephone No.:-.....
03. Address :-
i. Kalayathanaya :-
.....
ii. Head of Kalayathanaya:-
.....
04. If there is a name of Kalayathanaya:-
05. As indicated in the Constitution the class of registration sought:-.....
.....
06. Is there any other Kalayathanaya registered in the name of person described in
Column 01 and 02 of the Constitution/if not have you made another request?.....
.....
07. Space of building where Kalayathanaya is housed:-.....
(If the building is owned by any other person, letter giving his consent for same should be
annexed)
.....
.....
08. Kalayathanaya situated:-
i. Grama Niladari Division:-
ii. Divisional Secretariat:-.....
iii. District:-
iv. Province:-
09. Date and Time the classes are held:-
10. Particulars of the Staff (Teachers):-

Name	Vocational Qualifications
i.
ii.
iii.

(Copy of certificate to prove your eligibility)

11. List of equipments in Kalayathanaya:-.....
(Please see Column 4 of Constitution. If the space is not sufficient attach another paper)
12. Number of students enlisted in the Recruitment Register:-.....
13. Number of daily attendance:-
(See Constitution)
14. Opening date Kalayathanaya:-

.....
Date

.....
Applicant's Signature

Report of Grama Seva Niladhri

I inspected this Kalayathanaya on as indicated in the Constitution. Checked the particulars entered in Registers and placed my short signature. Equipments appear in the records are correct.

Grama Niladhari: - Signature:-.....
Name: -
Division: -
Date: -

Report from Cultural Officer

Particulars given in application form verified. This Kalayathanaya possesses necessary requests to conduct this Kalayathanaya. While checking and inspecting the relevant documents

Cultural Officer/Cultural Development Assistant

Signature: -
Divisional Secretariat:-.....
Date: -

Report of Divisional Secretary

In accordance with the particulars provided I recommend the registration of this Kalayathanaya/not recommended due to following reasons:-

Divisional Secretary; Signature:-.....
Name: -
(Please place the Seal)

Date:-.....

Office:-.....

