

National Drama Panel of Arts Council of Sri Lanka
State Drama Festival – 20... held with the patronage of
Department of Cultural Affairs
Application form

Section for:- Competitive/Uncompetitive

01. Name of Drama :-.....
- 02.
- I. Name of Applicant:-
- II. National Identity Card No.:-.....
- III. Address:-
- IV. Telephone Nos. Residence: Mobile..... Official:.....
03. If self-creation –
- i. Name of Writer:-.....
- ii. Address:-
- iii. Telephone Nos. Residence:..... Mobile:..... Official:.....
04. If not for your own:-
- i. Name of First Script:--.....
- ii. Name of Writer:-
- iii. Medium of translated publication:-.....
- iv. Name of translator of adaptation:-.....
- v. Address:-.....
- vi. Telephone Nos. Residence:..... Mobile:..... Official:
05. Name of Producer/Director
- i. Address:-
- ii. Telephone Nos. Residence: Mobile..... Official:.....
06. Applicant's District of residence:-
07. Year of staging this drama for the first time: Year:.....Month:..... Date:.....
- City:..... Theatre:-.....
08. Whether this drama had been presented for any contest or competition and won awards – give details:-
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09. Whether this copy of script or production has ever won an award – give details:-.....
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10. Permit issued by the Public Performances Board: Date:.....No:.....
(Photocopy to be annexed)

11. Documents annexed:-

- i. Script of Drama
- ii. If it is a translation, copy of original
- iii. Permit from the theatre
- iv. Premiere show commemorative magazine
- v. Letter of consent given by Writer or Translator
- vi. Detailed documents giving information of drama group
- vii. Others

I do hereby present my drama produced by me under competitive/uncompetitive section of national/State Drama Festival organized by State Drama panel of Sri Lanka Arts Council with the patronage of Department of Cultural Affairs. I hereby certify that the particulars furnished above are true and correct and if my Drama Script is selected for State Drama Festival, I am prepared to adhere to the conditions and regulation laid down in the Constitution and I am prepared to stage my drama in any city or town in any hall or theatre either (one show or two as deemed necessary).

I accept the power and authority, State Drama Panel possesses if my given information is proved untrue and if I have flouted the conditions and regulations of the Constitution to remove my creation/writing not to be considered for the presentation of awards in State Drama Festival and I do hereby give my fullest support and co-operation in fulfilling the objectives of State Drama Festival to achieve success.

Date:.....

Signature of Director

For Official use for State Drama Panel:

Application closing date:.....Receipt date of application:.....

Registered No.....Date of handed over personally:.....

Name of acceptant:.....Signature:.....

Date of premiere show:.....City:.....

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..... has been/has not been selected for State Drama Festival.

.....

Date

Secretary, State Drama Panel

