DELHI MALAYALEE ASSOCIATION

CENTRAL OFFICE - CULTURAL CENTRE

15-A, Institutional Area, Sector –IV, R K Puram, New Delhi – 110022

DMA KALOLSAVAM 2025

ENTRY FORM FOR STATE LEVEL COMPETITION - GROUP PERFORMANCE

Name of Area				
Name of Competition Item			Age Group Code	
Item Code		Category		

Details of Participating Group members

S.No	Name of the Participant in CAPITAL Letters & Mobile Number	Sex (M/F)	Name of the DMA Member (Incase the Participant is minor)	Relationship with the Member	Membership No & Date

Note: a) The first name in the registration must be that of the Group Leader.
b) All the events are for DMA Members and their children Only.(Age Limit for Children up to 18 years. Above 18 years should obtain member ship from the area). I declare that, the above-mentioned information are true and correct
c) Photo ID and age proof must be attached for all participants.
d) The decision taken by the Jury will be final in all respect.

Signature of Team Leader

Declaration by the Area office bearer

I _____, Secretary/Chairman of _____ area certify that, the above team members are our area members or their children.

Signature with Date
Secretary/Chairman

FOR OFFICE USE ONLY	
Registration No	