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 ZONAL LEVEL (SOLO PERFORMANCE) & STATE LEVEL (LITERARY & ART) COMPETITION

Name of Area		Age Group Code	

Name of the Participant (in CAPITAL Letters)			
Name of the Member (Incase the Participant is minor)			
Membership details (No. & Date)			
Relationship with the Member			
Name of Father			
Name of Mother			
Date of Birth (Proof to be attached)		Age as on 31/08/2025	
Present Address (Aadhaar copy of the Participant and if the age is below 18, the Aadhaar of Parents to be attached)			
Mobile No		Sex (M/F)	
Email			

Participating item (s)

S. No.	Item Name	Item Code	S. No.	Item Name	Item Code

Are you performing any Group Items	☐ **Yes** ☐ **No** *(if yes, Please mentioned the items & code below)*		
Item Name	1)	Item Code	
	2)		

Note: a) 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).
b) Photo ID and age proof must be attached.
c) The decision taken by the Jury will be final in all respect.

Declaration by the Member / Participant

I,_____, declare that I am an existing Ordinary Member/Life Member of DMA _____Area. Further declare that, the above-mentioned information are true and correct. I agree that, if anything found false, the committee has the right to cancel my/my child's/Spouse's candidature. I will agree with decision of the judges.

Signature Participant	Signature Member (Parent)	Signature Secretary/Chairman

FOR OFFICE USE ONLY	
Registration No	