

**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]

**P. T. O**

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