${\bf ASSAM\ STATE\ FILM\ (FINANCE\ AND\ DEVELOPMENT)\ CORPORATION\ LTD.}$

APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER ARTISTE WELFARE (CORPUS) FUND

1. Name	:		Photo of the	
2. Name of Husband/Wife	:		Artiste	
3. Residential address	:			
4. Contact No	:			
5. Age as on date	:			
6. Performing Craft/Art of the	Applicant	:		
7. Brief write up on the Artiste of Art/Culture (Enclose sep.		:		
8. Years of association with th	ne Craft/Art	:		
9. Any Award/Distinction/Ho the Artiste (attach supporting		:		
10. Any profession other than	the performing art	: [Yes No	
11. If yes, what is the profession	on	:		
12. Nature of ailment (enclose	Medical certificates)	÷		
13. Treatment where undertak	en	:		
14. Approximate annual incom	ne of the family	:		
15. Amount applied for		:		
16. Have you received any moother organization. If yes,		:		
17. Have you received any fine State Film (Finance & Dev	_		Yes No	

Date: Signature of the Applicant.