



The Bahrain Keraleeya Samajam DEVJI-BKS BALAKALOTSAVAM-2019

Affix passport
size photograph
of participant

ENTRY-FORM

Participant Details

Name:										Age Group*		
Date of Birth: (dd-mm-yyyy)					CPR Number*:						Sex	

*Photocopy of the participant CPR card to be attached
Photocopy of the School ID to be attached

Parent Details:

Name of Parent:					BKS Roll No.	
FLAT	BLDG	ROAD	Res. Phone. No.	WhatsApp No.	Mobile No.	
Email ID						
Signature of Parent:					Date:	

Participating Events:

Enter the Events you wish to participate below:

Talent category 1			Talent category 2		
No.	Event ID*		No.	Event ID*	
01			01		
02			02		
03			03		
04			04		
05			05		
* Must be entered based on the list in Annexure - 1			*	Malayalam Speech: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Note: Photocopies of this form can be used

For Official Use Only		
Subscription updated	Entry form Checked / Accepted by	Remarks
Date	Date	