



**CENTRE FOR CULTURAL RESOURCES AND TRAINING**  
**PLOT NO.15 A SECTOR 7 DWARKA**  
**NEW DELHI 110075**

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**GALLERY BOOKING FORM**

(To be filled in by the Exhibitor/Hirer in Block Letters)

**Please Tick ( ) : Solo / Group/ Sponsored Show**

To,  
The Director,  
CCRT, New Delhi.

Sub: Application for Gallery Booking

Respected Sir,

Kindly allot me/us gallery detailed below. I/we agree to abide by the terms and Conditions for the allotment of the gallery, copy where of is provided to me/us and duly received.

Name of the Artist / Contact Person: .....

Organization (if any):.....

Address:.....  
.....

Aadhar No. ....(Please attach self attested photocopy)

Tel/Mob: .....

Email:.....

Website (if any): .....

Gallery Required From:.....To:.....

For the show of .....

Alternate Dates (If above dates are not available).....

Photographs of Works to be exhibited along with detailed bio-data are attached.

Hope you will find the above information and documents in order. Kindly book the slot for the gallery and inform me/us accordingly.

Thanking you,

Yours sincerely,

Place:.....

Signature:.....

Date: .....

Name:.....

Please submit the payment details after the confirmation

The Director  
CCRT, New Delhi  
Sir/Madam,

I / We have been allotted the Exhibition Gallery of Centre for Cultural Resources and Training (CCRT) from \_\_\_\_\_ to \_\_\_\_\_ for exhibition of solo/group/sponsored show of \_\_\_\_\_ vide your letter dated \_\_\_\_\_. As conveyed vide your above referred letter, cheque/DD No. \_\_\_\_\_ dated \_\_\_\_\_ for ₹ \_\_\_\_\_ (In words: Rupees.....only) drawn on \_\_\_\_\_ in favour of \_\_\_\_\_ is enclosed towards booking fee of the gallery.

I / We have carefully gone through all terms and conditions of allotment of CCRT gallery, copy has been received by me/us with your letter dated \_\_\_\_\_ which will be adhered to and I/we shall be fully abide by them.

Yours faithfully,

(Signature of the Applicant)

Dated \_\_\_\_\_

Signature \_\_\_\_\_

Place \_\_\_\_\_

Name \_\_\_\_\_

Encl : As above

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_