

To be submitted in original

Artist No:

PART – (A)

Date: _____

LIFE CERTIFICATE
DETAILS OF THE BENEFICIARY UNDER KALA SAMMAN SCHEME

Full Name of Artist :

Full Address :

Contact No : _____

Signature/L.H.T. of Artist with date
(to be signed in presence of the Govt. Gazetted Officer)

PART – (B)

(For use of Govt. Gazetted Officer only)

CERTIFICATE

This is to certify that I have seen the aforesaid Shri. / Smt. _____
a beneficiary of Kala Samman Scheme of Directorate of Art & Culture and he / she is alive as on the date. The beneficiary has
signed in my presence.

(Signature with date)

Place: _____

(Name, Designation & Stamp of Govt. Gazetted Officer)

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