



Chhandayan Center for Indian Music

Application for studio rental

1. Name of applicant (institution/ organization/individual): _____

2. In case of institution / organization:

a) Type of organization _____

b) Operating since _____ c) Tax Id No. _____

d) Name, designation, phone, and email of the representative _____

3. Address _____

4. Phone _____ 5. Fax _____

6. Web address _____

7. Email _____

8. Studio/s desired for rental (circle your choice): 614 / 616 / 618

9. Date _____ 5. Time : From _____ to _____

10. Purpose of rental _____

11. Hourly rate/s agreed to \$ _____ 12. Security deposit \$ _____

13. Total rental cost agreed to \$ _____ 14. Mode of payment _____

15. Signature & date of applicant, in abidance by the stipulated rules of Chhandayan _____

16. Chhandayan approving officer's signature and date _____
