

WORKSHOP REGISTRATION FORM

MAKEUP FOR FILM

Film Development Board

Chabahil, Kathmandu

Telephone: 014812332 / 014812387

Email: fdbworkshop2024@gmail.com

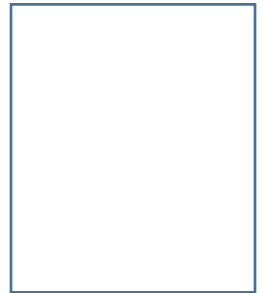
Application for a week-long workshop for makeup artist.

Condition for Application:

1. Applicants must be **from Karnali Province** and above 16 years of age.
 2. Must have basic knowledge of makeup (either beauty parlor or film).
-

Applicant Details:

- **Full Name:** _____ (As per your official document)
 - **Date of Birth:** _____
 - **Address:** _____
 - **Contact Number:** _____
 - **Email Address:** _____
 - **Educational Qualification:** _____
-



Previous Experience and Training:

- **Any previous courses or training in makeup (both beauty parlor and film):**
-
-

- **Any previous experience in makeup for theater or film:**
-
-

Declaration:

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Applicant's Signature: _____

Date of Application: _____