**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 of 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_