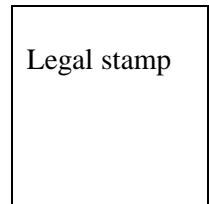


DECLARATION FORM
Category II - Age 19 to 24

1. Full Name: Gender: _____
2. Date of Birth (DD/MM/YYYY): _____
3. Citizenship ID No: _____
4. Present Address(Institutes/College/Others): _____
5. Contact No: _____
6. Email Address: _____
7. Documents Attached Checklist:
 - i. *Video MP4 format*
 - ii. *Video Duration:* _____
 - iii. *Submission Date:* _____
 - iv. *Medium of Submission: email/ WhatsApp/ Telegram/ others (Specify):* _____
8. **Declaration:** I hereby declare that the information given herein is true and complete to the best of my knowledge, and authorize and give full consent to Department of Culture (DoC), to copyright or publish videotapes/narrative in which I, the undersigned, appear as well as to publish in part or in its entirety any artwork of narratives that I submit. DoC may transfer, use or cause to be used, these videoclips in which I appear as the artwork or narratives for any exhibitions, public displays, publications, commercials, art and public media programs including television and promotional DVD's without limitations or reservations.
I further agree that in the event of detection of false or misleading information, I understand that the Department of Culture, MoHCA shall withdraw/terminate my work and will be accountable for any legal action as per the law of the nation.



Signature