

## **Survey Reports for the Arts Institutions registered under the Department of Cultural Affairs – 2019**

**01.(a) Name of the Arts**

**Institution:**.....

**(b) Type of the Arts Institution**

**:.....(**  
**Upcountry Dancing/Low Country Dancing/Sabaragamu**  
**Dancing/Music/Arts/Sculpture/Puppetry/Kolam/ Indian Dancing/**  
**Drama/Naadagam/ Angam Art/other/please indicate the type)**

**(c) Address of the registered Arts**

**Institution:**.....

**Please indicate if the address is changed with the date of such changing**

.....  
.....

**(d) Registration Number of the Arts Institution.....**

**Date of Registration:-----**

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**(e) I. District of the Arts Institution.....**

**II. Divisional Secretary's Division.....**

**02.(a) Name and address of the Head of the Arts**

**Institution.....**

.....  
.....  
.....

**(b) National Identity Card**

**No:.....**

**(c) Telephone No.....**



Serial No	Type	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**08. Number of students presented for Praramba/Medium/Final Examinations held by the Government in 2017/2018**

Examination	Number of Students

**09. State/Regional Festivals participated at in the year 2017/2018 (Attach certificates if available).**

**10. Particulars of the ceremonies/events conducted by the Arts Institution in the year 2017/2018.**

.....

.....

.....

.....

**11. Amount of money obtained from the Department of Cultural Affairs as assistance in the year 2017 (Please mark √ in the relevant cage)**

Rs. 4500       Rs. 6000       Rs. 10,000

**12.I hereby declare that the above particulars are true and correct. In case if it is proved that any false reports are submitted I agree with any reasonable decision taken relevant to the Arts Institution by the Department of Cultural Affairs.**

**Date:-.....**

**Signature of the Head of the Arts Institution**

For Office use only

I inspected the above Arts Institution on ...../..../20 . I certify that the particulars specified are true/false and recommend/not recommend to give assistance. If it is proved that false reports have been submitted in my inspection I agree to deduct the amount of assistance paid from my salary.

Dtae:..... Signature:.....

Cultural Officer/Cultural Development

Assistant/Development Officer

Name :-.....

Telephone:-.....

Official Frank:

Recommendation of the District Secretary/Divisional Secretary

I certify that the Cultural Officer/Cultural Development Assistant/ Development Officer has submitted the above report after the inspection of the relevant Arts Institution. I recommend/not recommend payment of assistance as per the above report.

Date:-.....

.....

District Secretary/ Divisional Secretary

(Please place the Official Frank)

Approval of the Director of Cultural Affairs

Approval is given/not given for the payment of money as assistance to Arts Institution.

Date:.....

.....

Director of Cultural Affairs

For Office use- Total  
Marks Obtained

**Grading of Registered Arts Institutions of the Department of Cultural Affairs**

1. Name of the Arts Institution:.....
2. Address:.....  
.....  
.....
3. Name of the Head of the Arts Institution:.....
4. Relevant Divisional Secretary's  
Division:.....
5. District:.....
6. Type:.....

(The following table should be filled by the Cultural Officer/Cultural Development Assistant/Development Officer as per the Marking Scheme)

Method of Giving Marks	Minimum Marks	Maximum Marks	Marks Obtained
1. Buildings, Office and other facilities	05	15	
2. Equipment (Musical etc.)	10	20	
3. Number of students	10	20	
4. Staff	10	20	
5. Number of hours of the classes conducted	10	20	
6. Status of education from the exam result	02	30	
7. Achievements in the contests (Divisional/District/Provincial/National/International levels)	05	45	
8. Public Exhibitions	05	20	
9. Participation in the ceremonies and public services on arts activities	05	10	
		200	
		Total Marks Obtained	

**Recommendation of the Cultural Officer/Cultural Development Assistant/**

I visited ..... Arts Institution (Using the Log Book) on ...../...../20 and inspected the above facts. I certify that I have given marks impartially and accurately.(Log Book is compulsory for the Arts Institution) If it is proved that false reports have been submitted in my inspection I agree to deduct the amount of assistance decided to be paid after the grading, from my salary.

Signature.....

Name.....

Designation.....

Date.....

Telephone No:.....

**Recommendation of the District Secretary/Divisional Secretary**

I certify that ..... visited and inspected the Arts Institution and submitted the above report impartially and accurately.

Date.....

.....

(District Secretary/Divisional Secretary)

Please place the Official Frank