

Survey Form for the Partnering Institutions of the National Cultural Audiovisual Archives Project

Name of the Institution	:		
Address	:		
Phone Number	:		
Fax	:		
E-mail	:		
Website	:		
Official Signatory	:		
Nodal Officer	:		
Status/Type of Institution	:		
A Brief History of the Collection*	:		
Nature of Collection (Art Form(s))	:	Oral Traditions	Dance
		Music	Theatrical Practices
		Other Cultural Practices	Traditional Crafts
		Traditional Knowledge	Any Others – Seminars/ Workshops
Significant/Critical Collection(s)*	:		

Status of Material

Physical Condition	:		
Cataloguing/Listing/ Metadata	:		
Status of Digitization	:		
Storage Conditions	:		

Rights Information

Level of Permission :
granted

Degree of Access provided :

Services required by the Institution

Workshops :

Training :

Teaching :

**Additional information may be provided on separate sheets*

Table containing an overview of the audiovisual material is attached separately.