



ENTRY FORM

Title of the film :

Duration :

Month / Year of Completion :

Synopsis : Use seperate sheet

Name of the Producer :

Address :

Mobile : E-mail :

Occupation :

Name of the Director :

Address :

Mobile : E-mail :

Occupation :

Name of Script writer :

Name of Story writer :

Film submitted by :

Enclosers : D/D, Pen Drive / DVD, Identity Proof, Synopsis

I have read the terms and conditions of the Chitra Darsana Short Film Award 2019 and agree with it.

Signature

Place :

Date :