



6th India international Deaf Film Festival 2018

Film Registration Form

• **Please write in Block Letters**

Title of Entry (Film Name) :

Specify B & W or colour :

Original format (√) : DVD Pen drive Online Transfer

If time : 1MIN 5MIN 15MIN 30MIN

Language used (if any) :

Two photograph Attachment

Particulars

1. Producer Name :
2. Director Name :
3. Editor Name :
4. Studio Name :

5. Name List Actor & Actress

1. _____ (Actor & Actress)
2. _____ (Actor & Actress)
3. _____ (Actor & Actress)
4. _____ (Actor & Actress)
5. _____ (Actor & Actress)
6. _____ (Actor & Actress)
7. _____ (Actor & Actress)
8. _____ (Actor & Actress)
9. _____ (Actor & Actress)
10. _____ (Actor & Actress)

If Deaf or Hearing of Hard :

(Note: Rs. 100 per person for Film Competition - PASS ENTRY)

Film Category / Fees / Synopsis

Film synopsis (100 in words in Microsoft Word) and all printed materials pertaining to the film (Microsoft Word or scanned and .jpeg format).

Group A - India Deaf Film	Fees	synopsis
1 MIN – Topic	Rs. 100	
5 MIN - Topic	Rs. 200	
15 MIN – Topic	Rs. 350	
30 MIN – Topic	Rs. 500	

Special Offer : Rs. 1000 for caterings 4 Film Competition (One PASS ENTRY)

Group B - International Deaf Film	Fees	Synopsis
30 MIN BELOW - Topic	US 30 Dollar	

Group C – Silent India Film (Hearing)	Fees	Synopsis
30 MIN BELOW - Topic	Rs. 2000	

Group D – Silent International Film (Hearing)	Fees	Synopsis
30 MIN BELOW - Topic	US 50 Dollar	

Group E – India Youth Deaf Film (18 age below)	Fees	Synopsis
15 MIN BELOW - Topic	Rs. 250 (Students free)	

Group F - Non-Competition	Fees	Synopsis
	Free	

Contact details :

Name :

Address:

Mobile: _____ Email ID: _____

Details of Demand Draft / Transfer bank

Demand Draft / Transfer Bank No:

Date:

Bank:

Rs.

Our Bank Details

Account Name : "India International Deaf Film Festival"

Bank Name : Bank of Baroda

Account Number : 05470100030839

IFSC : BARBOCOIMBA (Fifth character is Zero)

MICR code : 641012002

Signature of Director

Date:

Place: