

5. In the case of a co-production, name address of the Indian Partner

Name: _____

Address: _____

Phone: _____ E-mail

_____ Website: _____

6. Whether the company is registered as an Indian Entity

Yes / No

7. Title Registration details: (Please Attach Certificate)

8. Name & Address of the Director

Name: _____

Address: _____

Phone: _____ E-mail

_____ Website: _____

9. Author of the Story

Name: _____

Address: _____

Phone: _____ E-mail

_____ Website: _____

10. Screenplay writer

Name: _____

Address: _____

Phone: _____ E-mail

_____ Website: _____

11. Director of Photography

Name: _____

Address: _____

Phone: _____ E-mail

_____ Website: _____

12. Editor

Name: _____

Address: _____

Phone: _____ E-mail

_____ Website: _____

13. Art Director

Name: _____

Address: _____

Phone: _____ E-mail

_____ Website: _____

14. Costume Designer

Name: _____

Address: _____

Phone: _____ E-mail
_____ Website: _____

15. Director of Music

Name: _____

Address: _____

Phone: _____ E-mail
_____ Website: _____

16. (a) Sound Recordist

Name: _____

Address: _____

Phone: _____ E-mail
_____ Website: _____

(b) Back Ground Score (In case if it is other than Music Director)

Name: _____

Address: _____

Phone: _____ E-mail
_____ Website: _____

17. Principal Cast: Attach as Annexure

18. Running time (in minutes)

19. Colour or B&W

20. Demand Draft No: with date and Amount:

21. Bank on which the DD is drawn:

I/We declare that I/We have read the regulations of the Anti - Tobacco Film Festival 2017 and accept them without reservation. In particular, I/We note the condition of Regulations

I/We certify that the film entered is not a revised version or a dubbed version of a film.

Signature of the Producer (s) Signature of the right holder (s)

Seal

Date