

ENTRY FORM

NAME OF THE DIRECTOR: [REDACTED]	
ADDRESS: [REDACTED]	
PHONE NUMBER: [REDACTED]	Res _____ Mobile _____
NAME OF THE SCRIPT WRITER: [REDACTED]	
NAMES OF THE LEAD ACTORS: [REDACTED]	
NAME OF THE CAMERAMAN: [REDACTED]	
NAME OF THE EDITOR: [REDACTED]	
NAME OF THE MUSIC DIRECTOR: [REDACTED]	

I would like to submit my proposal for the Film Making competition, (25 FRAMES) with the specified requirements.

I have read all the details/Criteria's of the competition. And I agree to abide by them.

Date : _____

Place: _____

Director's Signature

*(Please attach separate sheet if required to fill in the desired information)
For more enquiry contact 9850454660