

TITLE OF MOVIE _____

FILM LANGUAGE IN ENGLISH -----

Original Language of Film: ----- **Subtitles:** -----yes/no-----

DIRECTOR Name:-----

PRODUCER Name: _____

PRODUCTION COMPANY Name: -----

TYPE OF FILM Documentary Short film Music Video Or OTHER

DURATION OF MOVIE _____

CHOOSE THE CATEGORY- Professional Student

YEAR AND COUNTRY OF PRODUCTION : _____

Country of Origin: _____

Festivals in which this film has already participated:

Permanent address :

Mobile number/ Email:

Entry Fee Details: _____

Synopsis of the Film-----

Director Photo-----

Film Poster-----

I **ACCEPT RESPONSIBILITY** of the information supplied above and I authorize the Festival to reproduce company contact information in its publications exactly as supplied in this form. The Festival collects personal information supplied in the application solely to facilitate management and administration of

its activities and responsibilities as it relate to this personal information against loss, theft and unauthorized access or disclosure. By supplying this personal information you consent to its use.

Authorize person Name & Signature: Date: _____

Institution Name & Seal: _____

Entry Fee can be paid electronically in the following account: Account Name: **MKK MOVIZ** A/C No: **1060050010380** IFSC Code: **PUNB0106020** Bank: **Punjab Naional Bank** Branch: **Pradhan Nagar,Siliguri, West Bengal**,Pin Code. **734003, India.**