

**“Road Safety Awareness Clip Competition”..**

**Short Film Competition**

**Film Submission Form**

(To be filled in duplicate)

Please exercise great care in filling this form as it is the PRIMARY SOURCE of data for the Lead Agency, Government of Goa and will be reflected in its publications. Additional sheets with information/explanations duly signed, stamped and dated can be attached, if necessary.

**SECTION: State Level (Goa Section)**

1. (a) Title of the Film in Roman Script :

\_\_\_\_\_

2. (a) Language of the Film \_\_\_\_\_

(b) Whether subtitled in English language

\_\_\_\_\_

4. Name & Address of the Company/Individual/ Institution making the entry

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail

\_\_\_\_\_ Website: \_\_\_\_\_

(b) Whether the company is registered as an Indian entity

Company/ Individual/ Institution

Yes/ No

If yes attach: PAN Card, Registration Certificate

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

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail

\_\_\_\_\_ Website: \_\_\_\_\_

Whether the company is registered as an Indian Entity

Yes / No

Title Registration details: (Please Attach Certificate)

\_\_\_\_\_

6. Name & Address of the Director

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail

\_\_\_\_\_ Website: \_\_\_\_\_

7. Author of the Story

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail

\_\_\_\_\_ Website: \_\_\_\_\_

8. Screenplay writer

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail

\_\_\_\_\_ Website: \_\_\_\_\_

9. Cinematographer

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail

\_\_\_\_\_ Website: \_\_\_\_\_

10. Editor

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail

\_\_\_\_\_ Website: \_\_\_\_\_

11. Director of Music

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail

\_\_\_\_\_ Website: \_\_\_\_\_

12. (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: \_\_\_\_\_

13. Principal Cast: Attach as Annexure

14. Running time (in minutes)

\_\_\_\_\_

15. Color or B&W

\_\_\_\_\_

I/We declare that I/We have read the regulations of the **“Road Safety Awareness Clip Competition”** and accept them without reservation. In particular, I/We note the conditions of the 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