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**ENTRY FORM**

**Applicant’s Details**

Name:

Address:

Tel. (1): Mobile Number

Mobile Number (2): Email 1:

Email (In Capital letters)

**Film Details**

Title (Original):

(Write in English)

(Translate In English):

Director(s):

Producer(s):

Production Company/Institute:

Storywriter/Concept:

 Screenplay Writer:

Director of Photography:

Editor:

Sound Designer:

Music Composer (If Originally composed for Short Film)

Poster Designed by

Country of Production:

Month and Year of Production:

Language(s):

**Technical Details**

Shooting Format: i. 35mm ii. 16mm iii. Super 16mm iv. HD

 v. Other (Specify)

Screening Format: i) 35mm print ii) 2K iii) Digibeta PAL iv) DVD

Running Time: (in minutes) Length (in meters)

 (Exact time with Seconds)

Number of Reels: Tint : i. Color ii. Black & White

Aspect Ratio: i. 1:1.66 ii. 1:1.85 iii. 1:2.35 16.9 iv. Other (Specify)

Sound: i. Dolby ii. Dolby SRD iii. Dolby Stereo iv. SDDS v. DTS

 vi) Stereo vii. Other (Specify)

● Censored/ Uncensored ● live action/Animation/Documentary/ Docu. Fiction/ Experimental

● Subtitled/Dubbed ● Student/Independent ●Telecast on channel? Yes/No

● Film is available on internet? Yes/No ● Film’s Official Website

● Premier – Indian/World ● Production Company Website

● Location(s)

● Festival(s) at which film has already participated: (attach extra sheet of paper if needed)

● Prize(s) won, if any: (attach extra sheet of paper if needed)

● Synopsis (as short as possible)

Filmography of the Director

Filmography of the Producer

**Contact Details**

Director E-Mail Mobile Number

Producer

Cameraman

Editor

Music Composer

The applicant confirms that he/she has the requisite authority or has obtained the requisite authority from the producer/right holder to enter this film in the 5th Goa Short Film Festival 2018 (GSFF) and make available the print/DVD for screening.

Paying Entry Fee by

 Cash Cheque Demand Draft Money Transfer

 Transaction ID

 No. No. UTR NO.

 Date

**(Paypal Account -** **yogeshpbaraskar@gmail.com****)**

Date of Film sending to the festival

 (Applicant’s Name)

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of an Applicant**

**IMPORTANT – FOR SUBMISSION**

● E-mail the completely filled Entry Form and soft copy of film’s poster to yogeshpbaraskar@gmail.com

● Send the print copy of this Entry Form along with two DVD’s of the film to Festival Office - 10/24E, Paschima Nagari, near City Pride theatre, Kothrud, Pune 411052, Maharashtra, India.