

HELLOCITY SHORT FILM COMPETITION ENTRY FORM

FILMMAKER INFORMATION

| Submitter: Film Director Film Producer Other |
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| Submitter's Name: |
| Address: |
| |
| City, State, Zip Code, Country: |
| Phone (Country and Region Codes): |
| E-mail Address: |
| Website: |
| Face Book ID: |
| FILM ENTRY INFORMATION |
| |
| Original Film Title: |
| Is your short film subtitled in English? : |
| Director's Name: |
| Country of Production: |
| Date of Completion: |
| Running Time: |
| Film Format: |
| Film Category: Short (Fiction) Animation Documentary |
| Genre: |
| Language shot in: |
| |



FILM MAKER CATEGORY

Student

Independent

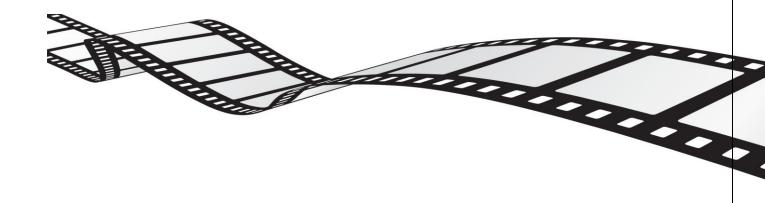
Has the film been shown at any other festival? If yes, indicate festival:

Has the film won any awards? If yes, indicate details:

Shooting Location:

Censorship (if you have censorship certificate from Govt. of India, please attach, But Censorship will not be applicable to any films / videos entered in the festival)

Any other/detail:





I have read the Rules and Regulations of HELLOCITY SHORT FILM COMPETITION and accept them. The information supplied in this form is true and accurate.

Signature

Date:

Place:

Name and Designation

Note: Kindly fill this "Entry Form" and revert back to us by post. Check Rules and Regulations document for address and other details.

