**FILMMAKER INFORMATION**

**Submitter: Film Director Film Producer Sales Agent**

**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:**

**International Film Title (in English):**

**Is your short film subtitled in English? :**

**Director’s Name:**

**Country of Production:**

**Date of Completion:**

**Running Time:**

**Premier Status If Accepted: World International Asian**

**Film Format: MPEG 2**

**Film Category: Short (Fiction) Animation Documentary**

**Genre:**

**Language shot in:**

**FILM MAKER CATEGORY**

 **Student Independent**

**SCHOOL INFORMATION**

**Name of Teacher& Email ID:**

**Name of School/College:**

**School/College Address:**

**City, State, Zip Code, Country:**

**Phone (Country and Region Codes):**

**E-mail Address:**

**Website:**

**Face Book ID:**

**FESTIVAL SECTION**

 **COMPETITION NON – COMPETITION**

**BRIEFLY DESCRIBE THE STORY LINE OF YOUR SHORT FILM:**

**IF YOU WIN AN AWARD IN WHOSE NAME SHOULD THE AWARD BE GIVEN**

**HAS YOUR FILM BEEN CENSORED?**

**HOW DID YOU HEAR ABOUT US?**

**DECLARATION:**

* I have read, understood and complied with the regulations of the ICSFF 2015.
* To the best of my knowledge, all statements in this document are true.
* This film is not subject to any litigation, nor is any litigation pending.
* I am duly authorized to submit this film to the ICSFF 2015.
* I am authorized and/or empowered by all parties involved with and/or legally representing this film to receive any awards on behalf of the film and filmmakers.
* I understand that the ICSFF 2015 Festival Program Committee will place my film in the appropriate section of the Festival.
* I agree for one time exhibition of my film in your Partnering Satellite Channel.
* I agree for my film (s) to be made available during and post the Festival in the Video Library accessible only for registered guests

**I agree to abide by the rules of ISFFI and permit you to screen my film at the festival. In case of any eventual problem, I take responsibility for the overall contents of my film.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note 1:** Kindly fill the “FILM ENTRY FORM” on a computer and print it out and sign it.

**Note 2:** All films produced after January 1, 2014 are eligible for competitive Section and before January 1, 2014 are eligible for Non-Competitive Section of ICSFF 2015. Those films already entered in the earlier editions of ICSFF are not eligible.

**Submissions Materials for each entry submission are FILM ENTRY FORM, 2 DVD’S and 1 PRESS KIT CD must be sent to the following address.**

**The Director**

ICSFF 2015 - DBICA Film Festivals

The Citadel, No. 45, Landons Road

Kilpauk, Chennai – 600 010

Tamil Nadu, South India

**Telephone**: +91-44-26423930 / 26651435

**Mobile**: +91-9566102806

**E**-**mail**: icsffchennai@gmail.com

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