Screen Short Fest 2016

Short Film Submission Form

Welcome to the SCREEN SHORT FEST 2016.

Please fill up the detail.

The Film:

Name of the Short Film:

_____

Name in English:

_____

Genre:

_____

Duration: _____minute _____sec.

Language:

_____

Subtitle Language:

_____

Makers:

The Producer:

_____

The Director:

_____

The Cinematographer:

_____

The Editor:

_____

The Sound Designer:

_____

Any Crew Members with details: _____

_____

_____

Cast:

Name of the Lead Characters:_____

_____

_____

Name of the Supporting Characters: _____

_____

_____

Is this the FIRST FILM of the Director? Yes No.

If no, please mention the previous works. _____

_____

_____

Biography of the Director:

_____

_____

Biography of the Producer:

_____

_____

Contacts:

Postal Address of the Director:_____

Street/house No._____

Land Mark _____

Post Office: _____ P.S. _____

Dist: _____ State: _____

Country: _____ Pin/Zip. _____

Email ID: _____@_____

Contact Number: _____

Postal Address of the Producer/Production House:

_____

Street/house No._____

Land Mark _____

Post Office: _____ P.S. _____

Dist: _____ State: _____

Country: _____ Pin/Zip. _____

Email ID: _____@_____

Contact Number: _____

***Please provide the (1) Synopsis of the Film, with cast and crew details (2) DVD of the Film (3) Two Film photo paper Posters of the Film and (4) Fees as per the category with this form.**