

ENTRY FORM
4th Thendhisai International Short Film Festival of Madurai 2015-(ISFM)

Original Title of the Film :
Type of Film :
Format of Film :
Country of Origin :
Year of Production :
Language :
Running Time in Minutes :

Original Format : **35mm / 16mm / Video/ Digital**

English Subtitles : **YES/ NO**

Captioning : **YES/ NO**

Audio description : **YES/ NO**

Sign Language

Interpretation : **YES/ NO**

Producer Information

Name :

Address :

Phone/Fax :

Email Id :

Director's Information

Name :

Address :

Phone/Fax :

Email Id :

Filmography :

Brief Synopsis of the Film :

Declaration

I declare that the information given by me is correct. I hereby permit my film to be screened at (Thendhisai international short Film Festival Madurai 2015).

Signature :

Name :

Designation :

Date :

Place :

PHOTOGRAPH

Films and publicity material to be sent to
4TH Thendhisai international short Film Festival
Madurai

Devimagan.k Secretary,
Thendhisai Film Society,
1 /192, meenakshi nagar,
Sakkimangalam (post),
Madurai-6250201.
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