

**Application**

• Name of the Film :……………………………………………………………………………………………...

• Name of the Banner : …………………………………………………………………………………………

• Place of first screening : ………………………………………………………………………………………

•Date of first screening : ……………………………………………………………………………………….

(please attach proof of screening)

• Name/address/e-mail id of the Producer : ………………………………………………………

……………………………………………………………………………………………………………………………..

• Name of the Director : ……………………………………………………………………………………….

• Name of Music Director : ……………………………………………………………………………………

• Name of the Script Writer : …………………………………………………………………………………

• Duration of the film : ………………………………………………………………………………………….

• Name of the lead Actors (male and female) : ………………………………………………………

• Name of the supporting Actors (male and female):……………………………………………..

• Format of print of film sent : DVD/A.V.I. / M.O.V. : …………………………………………….

Date : Signature of the Producer

Note: Applications and the print of the movie to reach us by **Sep. 30, 2018.**

Our Address : Kalaangann, Makale,Shaktinagar, Mangalore – 575016.