

PALME DEOR FILM & MEDIA COLLEGE

SHORT FILM FESTIVAL – 2019 - ENTRY FORM

NAME / TITLE OF THE SHORT FILM: _____

NAME OF THE PRODUCTION HOUSE (IF ANY) _____

NAME OF THE PRODUCER: _____

NAME OF THE DIRECTOR: _____

NAME OF THE EDITOR: _____

NAME OF THE CINEMATOGRAPHER: _____

NAME OF THE SCRIPT WRITER: _____

NAME OF THE MUSIC DIRECTOR: _____

DURATION OF SHORT FILM (Inclusive Titles): _____ Minutes _____ Seconds

SHORT FILM TO BE SUBMITTED ONLY IN DVD

DECLARATION BY PRODUCER

I HERE BY DECLARE THAT THE PARTICULARS GIVEN BY ME IN THIS ENTRY FORM ARE TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE .

I PROMISE THAT THE SUBMITTED SHORT FILM IS OF OUR OWN CREATION & PRODUCED BY ME WITH THE HELP OF ABOVE MENTIONED CREATIVE TEAM - **MADE AFTER JANUVARY 2017**

WE OBEY & ACCEPT ALL THE TERMS AND CONDITIONS OF THE COMPETITION BY **PDFMC**.

WE ACCEPT ALL THE STEPS FORMED BY PDFMC IN SCREENING & SELECTION PROCESS .

WE ACCEPT THE FINAL VERDICT OF JURY OF THIS FESTIVAL

WE HERE BY ACCEPT TO GIVE THE TELECAST & DISSEMINATION RIGHTS OF THE SHORT FILM IN ANY MEDIA BY **PDFMC** WITH OUT ANY CONDITION & OBJECTION .

SIGNATURE OF THE PRODUCER

(Copy rights Holder)

Date: _____

SIGNATURE OF THE DIRECTOR

(Witness)

Date: _____

SHORT FILM FESTIVAL – 2019 - TERMS & CONDITIONS

(For more details visit our web site: www.palmedeor.in)

1. SEND SEPERATE ENTRY FORM & DD FOR EACH FILM WHILE SENDING FOR CONSIDERATION
2. THE **SHORT FILM** SHOULD BE A NEW ONE - (ATLEAST MADE AFTER JANUVARY 2017)
3. DURATION OF THE FILM SHOULD BE 15 TO 30 MINUTES (INCLUDING TITLES)
4. YOU SHOULD DOT TRY TO APPROACH ANY ONE RELATED TO THE COMPETITION FOR FAVOURABLE RESULT – IT WILL DISQUALIFY YOUR ENTRY / RESULT
5. YOU SHOULD AGREE & OBEY THE VERDICT OF JUDGES ARRANGED BY PDFMC
6. YOU SHOULD GIVE THE TELECAST & DISSEMINATION RIGHTS IN ALL FORMS OF MEDIA TO **PDFMC**
7. **PDFMC** WILL NOT RETURN THE ENTRY FEES BACK TO THE SENDERS IN ANY CASE
8. SHORT FILM SHOULD BE SUBMITTED BEFORE THE DUE DATE

9.NAME / TITLE OF SHORT FILM: _____

ADDRESS OF THE PRODUCER (S):

_____ (For Address proof Encluse XEROX copy of Aadhar Card or Driving Licence or Voter ID)

DEMAND DRAFT PAYMENT DETAILS

NAME OF THE BANK:

PLACE / BRANCH:

DD No: _____ Dated: _____ Amount: Rs.500 /-

SIGNATURE OF PRODUCER

SIGNATURE OF DIRECTOR

(SPACE FOR PDFMC OFFICE USE)