APPLICATION FORM

DATE DD MM YYYY

FILM INFORMATION			
ORIGINAL TITLE			
ENGLISH TITLE (if any)			
PRODUCTION NAME			
MONTH AND YEAR OF COMPLETION			
ORIGINAL LANGUAGE			
SUBTITLES	☐ YES ☐ NO		
FILM TYPE (Based on Duration)		Competition	Non- Competition
	Feature Film	☐	☐
	Short Film	☐	☐
	Documentary Film	☐	☐
RUNNING TIMES (In Minutes)			
STATUS OF COMPLETION	☐ COMPLETED ☐ WORK IN PROGRESS		
EXHIBITION HISTORY			
FESTIVAL AWARD(S) WON IF ANY?			
SCREENED IN ANY OTHER FILM FESTIVAL?	YES ☐ NO ☐		
HAS YOUR FILM BEEN TELECAST ON ANY TELEVISION CHANNEL OR PUBLICLY AVAILABLE ONLINE/ OTT PLATFORM OR ANY OTHER?	YES ☐ NO ☐		
OTHER PROJECT DETAILS			
LOGLINE OF THE FILM (50 words)			
SYNOPSIS OF THE FILM (300 WORDS)			
GENRE OF THE FILM (50 WORDS)			

FORMAT OF THE FILM	16 mm	
	2 k	
	35 mm	
COLOUR OF THE FILM	Black and white	
	Colour	
	Other	
SCREENPLAY OF THE FILM	Adapted ☐ Original ☐	
DIRECTOR'S NOTE OR STATEMENT ON THE FILM		
CONTACT DETAILS		
DIRECTOR		
FIRST NAME		
LAST NAME		
COMPANY		
ADDRESS		
DATE OF BIRTH		
CITY		
STATE		
COUNTRY		
NATIONALITY		
PHONE		
E-MAIL		
FACEBOOK		
INSTAGRAM		
TWITTER		
THE FILM SUBMITTED IN BVFF IS YOUR DEBUT FILM?	YES ☐ NO ☐	
DIRECTOR'S BIOGRAPHY/FILMOGRAPHY	Director's Photo	
PRODUCER		
FIRST NAME		
LAST NAME		

COMPANY	
ADDRESS	
DATE OF BIRTH	
CITY	
STATE	
COUNTRY	
NATIONALITY	
PHONE	
E-MAIL	
FACEBOOK	
INSTAGRAM	
TWITTER	
PRODUCER'S BIOGRAPHY/FILMOGRAPHY	Producer's Photo
PRIMARY CONTACT PERSON	
FIRST NAME	
LAST NAME	
DATE OF BIRTH	
ADDRESS	
CITY	
STATE	
PINCODE	
COUNTRY	
NATIONALITY	
E-MAIL	
PHONE	
RIGHTS HOLDER	
TITLE	
FIRST NAME	
LAST NAME	
RELATION TO THE FILM	
ADDRESS	
CITY	
STATE	
PINCODE	
COUNTRY	
PHONE	
E-MAIL	
OTHER INFORMATION	
IS THE FILM CERTIFIED BY CBFC?	YES ☐ NO ☐

HAS THE DIRECTOR SUBMTTED FILM TO THE BVFF BEFORE?	YES ☐ NO ☐
NOTES IF ANY	

I/We confirm that, I/We have read, understood and agreed to abide by the rules and regulations for participating in the Brahmaputra Valley Film Festival 2024

(Signature of the authorized person)
Name: