



Delegate Registration Form

Fields marked * are mandatory

Name* : _____

Age* : _____

Gender* : Male Female

Address for Correspondence* : _____

Pin code* : _____

Country* : _____

Mobile No* : +91 – _____

Contact No (Include STD Code) : _____

Fax : _____

Email : _____

Professional Status* : Artiste Distributor/Exhibitor
 Film Maker Film Society Member
 Film Student Media
 Politician Producer
 Technician Writer others.....

Member of the organizing Committee? * : Yes No

Student* : Yes NO

Declaration:

I hereby declare, that the above information and details provided by me are correct to the best of my knowledge.

Signature