

**“Ad Film and Reel making competition on Adult BCG Vaccination”**

**Registration Form**

Name & Address of the Company/Individual/ Institution registering for **“Ad Film and Reel making competition on Adult BCG Vaccination”**

Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Ad film / Reel making \_\_\_\_\_ (Category)

Probable Team Members and Technicians (may add as required)

1. Name: \_\_\_\_\_

Role: \_\_\_\_\_

2. Name: \_\_\_\_\_

Role: \_\_\_\_\_

3. Name: \_\_\_\_\_

Role: \_\_\_\_\_

4. Name: \_\_\_\_\_

Role: \_\_\_\_\_

5. Name: \_\_\_\_\_

Role: \_\_\_\_\_

Signature of the Producer (s)

Signature of the right holder (s)

Seal (As applicable)

Date