

ENTERTAINMENT SOCIETY OF GOA

7TH GOA ANTI-TOBACCO FILM FESTIVAL 2025

ENTRY FORM

(To be filled in duplicate)

Please exercise great care in filling this form as it is the PRIMARY SOURCE of data for the Society and will be reflected in its publications. Additional sheets with information/explanations duly signed, stamped and dated can be attached, if necessary.

SECTION: NATIONAL _____ GOA _____

1. Category of the Film: Ad Film

2. (a) Title of the Film in Roman Script :

3. (a) Language of the Film

(b) Whether subtitled in English language

4. Name & Address of the Company/Individual/ Institution making the entry

Name: _____

Address: _____

Phone: _____

E-mail ID: _____ Website: _____

(a) Whether the company is registered as an Indian entity

Company/ Individual/ Institution

Yes/ No

If yes attach: PAN Card, Registration Certificate

5. In the case of a co-production, name address of the Indian Partner

Name: _____

Address: _____

Phone: _____

E-mail ID: _____ Website: _____

6. Whether the company is registered as an Indian Entity

Yes / No

7. Title Registration details: (Please Attach Certificate)

8. Name & Address of the Director

Name: _____

Address: _____

Phone: _____

E-mail ID: _____ Website: _____

9. Author of the Story

Name: _____

Address: _____

Phone: _____

E-mail ID: _____ Website: _____

10. Screenplay writer

Name: _____

Address: _____

Phone: _____

E-mail ID: _____ Website: _____

11. Director of Photography

Name: _____

Address: _____

Phone: _____

E-mail ID: _____ Website: _____

12. Editor

Name: _____

Address: _____

Phone: _____

E-mail ID: _____ Website: _____

13. Art Director

Name: _____

Address: _____

Phone: _____

E-mail ID: _____ Website: _____

14. Costume Designer

Name: _____

Address: _____

Phone: _____

E-mail ID: _____ Website: _____

15. Director of Music

Name: _____

Address: _____

Phone: _____

E-mail ID: _____ Website: _____

16. (a) Sound Recordist

Name: _____

Address: _____

Phone: _____

E-mail ID: _____ Website: _____

(b) Back Ground Score (In case if it is other than Music Director)

Name: _____

Address: _____

Phone: _____

E-mail ID: _____ Website: _____

17. Principal Cast: Attach as Annexure

18. Running time (in minutes)

19. Color or B&W

20. Demand Draft No: with date and Amount:

21. Bank on which the DD is drawn:

I/We declare that I/We have read the regulations of the 7th Goa Anti-Tobacco Film Festival 2025 and accept them without reservation. In particular, I/We note the conditions of the Regulations.

I/We certify that the film entered is not a revised version or a dubbed version of a film.

Signature of the Producer (s) Signature of the right holder (s)

Seal

Date