

‘ENTRY FORM FOR 3rd NATIONAL COMPETITION ON DOCUMENTARY AND PHOTOGRAPHY 2009’

Please fill out the following entry form and send with required materials as outlined in the competition rules to:

Gangajal Nature Foundation, Mumbai

Your information will be kept confidential. There are Entry fees for each category. **Application Deadline: 10th Oct, 2010.**

Contact Information

First Name: :

Middle Name:

Last Name: :

Primary Phone with STD code (Cell number):

Primary E-mail Address:

Secondary E-mail Address (Optional):

Date of Birth:

Permanent Address

Address 1:

Address 2:

City:

Select Category of Competition

Please tick

- Documentary []
- Photography []

❖ For Documentary competition:

1. Number of documentary (DVD) submitted:
2. Title of Documentary:
3. Length of the documentary in Minutes:

❖ For photography competition: Maximum 3 photographs per entry

- Number of Photographs submitted:
- a. Caption 1:
- b. Caption 2:
- c. Caption 3:
- d. Camera:
- e. Lens:
- f. Technical details: Speed/Aperture.....

❖ Write on separate sheet Synopsis of the Photos / Documentary in yours words in Marathi/Hindi/English with typed or Hand written.

Demand Draft Details

1. DD Number (6 Digit) : Date of issue :
2. Amount : Name of issuing Bank :

Note: Write your name on the back side of DD.

DISCLAIMER:

I certify that the answers given by me to all questions in my application for the Gangajal Nature Foundation, Mumbai and any attachments are to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances.

I understand that any omission or misrepresentation of fact in this application may result in my disqualification from consideration for the Gangajal Nature Foundation, Mumbai. I have read all the rules and regulation of the competition.

I understand that the Gangajal Nature Foundation, Mumbai reserves the right to or not to award the competition Prize to any applicant for any reason it determines appropriate or necessary.

Date:

Signature:

Place:

Name:

For office use only

Registration Number allotted :

Authorized Signature :

Date :