



SATYAJIT RAY FILM & TELEVISION INSTITUTE

(AN ACADEMIC INSTITUTE UNDER MINISTRY OF INF. & BROADCASTING, GOVT. OF INDIA)

EM BYPASS ROAD, PANCHASAYAR, KOLKATA- 700094

ADMISSION ENROLLMENT FORM FOR 2017-2020

(To be filled by the candidate in capital letters at the time of Admission)

1. Name :
 - a) Permanent Address: :
 - b) Communication Address :
 - c) Telephone No. & E-mail ID :
2. Date of Birth :
3. Blood Group :
4. Name of the course :
5. Father's / Mother's name :
 - a) Address :
 - b) Occupation :
 - c) Place of service / business :
 - d) Telephone No. :
6. Guardian's name :
 - a) Address :
 - b) Occupation :
 - c) Place of service / business :
 - d) Telephone No. :

DECLARATION

I, Mr./Ms./Mrs..... son/daughter of Mr./Mrs..... do hereby declare that I agree to abide by the extent Code & Conduct and Academic By-Laws of the SATYAJIT RAY FILM & TELEVISION INSTITUTE. I understand that in case of any default in abiding the same, I will be liable to accept any decision that may be taken by the Institute. It is to certify that I am fully aware of the fact that no change of department is permissible at any point of time during the session.

Dated:

Signature of the candidate

For Official Use

Mr./Ms.....has been admitted in 3-year Post Graduate Programme in Cinema for the Session 2017-2020 in Department and his/her Registration No.....

Superintendent (Tutorial)