SATYAJIT RAY FILM & TELEVISION INSTITUTE, KOLKATA

(AN ACADEM IC INSTITUTE UNDER THE MINISTRTY OF INFORM ATION & BROADCASTING , GOVT. of INDIA)

ADMISSION 2019

APPLICATION FORM FOR 04 WEEK LONG COURSE IN FILM APPRECIATION

PASTE ONE PASSPORT SIZE PHOTOGRAPH

1.	Name of the Course	Film Appreciation

2.	RESERVATION STATUS
	IF FROM RESERVED CATEGORY, SPECIFY CATEGORY; ENCLOSE CERTIFIED DOCUMENT

3. APPLICANT'S PERSONAL DETAILS: [As appearing in School Leaving Certificate]

FIRST NAME	MIDDLE NAME	SURNAME	SEX	
			□ Male	□ Female

DATE OF BIRTH			NATIONALITY	MOTHER TONGUE	MARITAL STATUS	
DAY	MONTH	YEAR			□ UNMARRIED	
					☐ Married	☐ Single

4. APPLICANT'S ADDRESS: E-mail

ADDRESS FOR COMMUNICATION	PERMANENT ADDRESS
Ph:	Ph:

5.

NAME OF THE FATHER:	NAME OF GURDIAN: (IF FATHER IS NOT ALIVE OR NOT THE GUARDIAN)
PH:	PH:

6. ENCLOSURE CHECK LIST: (Tick appropriate box) IN CASE OF DOUBT, CALL 033-24329300 / 8355 / 8356 or EMAIL: pro@srfti.ac.in

- ❑ ATTESTED COPIES OF GRADUATION CERTIFICATE
- ❑ CERTIFIED COPY OF RESERVATION CERTIFICATE (If applicable)

I/WE solemnly affirm that the information given in this application is true to the best of my/our knowledge and belief. I/we understand that the decision of the Institute is final in regard to the admission and assignment to a particular course of study. If selected for admission, I/we promise to abide by the rules, regulations and directives as issued and also the extant byelaws of the Institute and to pay all applicable dues/fees and meet all necessary expenditure, regularly till the completion/discontinuation of the course.

PLACE: **DATE:**

[SIGNATURE OF THE APPLICANT]

DO NOT WRITE ANYTHING BELOW THIS LINE. OFFICE USE ONLY

APPLICATION NO._____ DATE OF RECEIPT_____DRAFT DETAIL:_____

ADMISSION CELL