



SATYAJIT RAY FILM & TELEVISION INSTITUTE, ITANAGAR

(EXTENDED CAMPUS OF SATYAJIT RAY FILM AND TELEVISION INSTITUTE, KOLKATA)
VIVEK VIHAR, NEAR SC CONTINENTAL, ITANAGAR, DISTRICT - PAPUMPARA, ARUNACHAL PRADESH

ADMISSION 2023

APPLICATION FORM FOR 10 WEEKS LONG FOUNDATION COURSE IN CINEMA
FOR NORTH EASTERN STATES

PASTE ONE PASSPORT
SIZE PHOTOGRAPH

1.	Name of the Course	A SHORT TRIP TO CINEMA
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2.	RESERVATION STATUS
	IF FROM RESERVED CATEGORY, SPECIFY CATEGORY; ENCLOSE CERTIFIED DOCUMENT

4.	APPLICANT'S PERSONAL DETAILS: [As appearing in School Leaving Certificate]							
	FIRST NAME		MIDDLE NAME		SURNAME		SEX	
							<input type="checkbox"/> Male <input type="checkbox"/> Female	
	DATE OF BIRTH			NATIONALITY		MOTHER TONGUE		MARITAL STATUS
	DAY	MONTH	YEAR					<input type="checkbox"/> UNMARRIED
							<input type="checkbox"/> Married <input type="checkbox"/> Single	

5.	APPLICANT'S ADDRESS: E-mail	
	ADDRESS FOR COMMUNICATION	PERMANENT ADDRESS
	Ph:	Ph:

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

7.	ENCLOSURE CHECK LIST: (Tick appropriate box) IN CASE OF DOUBT, CALL 033-24329300 / 8355 / 8356 or EMAIL: infonefilmschool@srfti.ac.in		
	<input type="checkbox"/> QUESTIONNAIRE	<input type="checkbox"/> ATTESTED COPY OF AGE-PROOF CERTIFICATE	<input type="checkbox"/> DOMICILE CERTIFICATE
	<input type="checkbox"/> ATTESTED COPIES OF PASS CERTIFICATE OR ADMIT CARD OF 12 TH CLASS (10+2) OR EQUIVALENT	<input type="checkbox"/> 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:

[COUNTERSIGNATURE OF FATHER/GUARDIAN]

[SIGNATURE OF THE APPLICANT]

DO NOT WRITE ANYTHING BELOW THIS LINE. OFFICE USE ONLY

APPLICATION NO. _____ DATE OF RECEIPT _____ DRAFT DETAIL: _____

ADMISSION CELL