



# 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 2024

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

PASTE ONE PASSPORT  
SIZE PHOTOGRAPH

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

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

5.	<b>APPLICANT'S ADDRESS:</b>	E-mail
	<b>ADDRESS FOR COMMUNICATION</b>	
	<b>PERMANENT ADDRESS</b>	
Ph:		Ph:

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

7.	<b>ENCLOSURE CHECK LIST:</b> (Tick appropriate box) IN CASE OF DOUBT, CALL 033-24329300 / 8355 / 8356 or EMAIL: <a href="mailto:infofilm@srfti.ac.in">infofilm@srfti.ac.in</a>		
	<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 <sup>TH</sup> 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]  
DO NOT WRITE ANYTHING BELOW THIS LINE. OFFICE USE ONLY

[SIGNATURE OF THE APPLICANT]

APPLICATION NO. \_\_\_\_\_ DATE OF RECEIPT \_\_\_\_\_ DRAFT DETAIL: \_\_\_\_\_

ADMISSION CELL