



APPLICATION NUMBER

MINDSCREEN FILM INSTITUTE

No: 4, Ranga Lane, Ranga Road, Mylapore, Chennai – 600 004

Ph: +91 044 4210 8682, Mobile: +91 9841612595

E-mail: mindscreen@mindscreen.co.in

Web: [http:// www.mindscreen.co.in](http://www.mindscreen.co.in)

**ONE YEAR CERTIFICATE COURSE IN ACTING
APPLICATION FORM**

CHECKLIST FOR FILLING UP THIS APPLICATION FORM

- APPLICATION TO BE FILLED IN LEGIBLY AND MUST BE COMPLETE.
- REQUIRED RELEVANT DOCUMENTS TO BE ATTACHED WITHOUT FAIL.
- ACADEMIC CERTIFICATES AND EXPERIENCE CERTIFICATE IF ANY.
- ONLY XEROX COPIES OF DOCUMENTS TO BE ATTACHED.
- AGE PROOF (BIRTH CERTIFICATE/SCHOOL LEAVING CERTIFICATE/DRIVING LICENCE.)
- PROOF OF IDENTITY (PHOTO PAN CARD / VALID PASSPORT /VOTERS IDENTITY CARD.)
- REGISTRATION AND APPLICATION FEE*.

***PHOTOGRAPHS: HEAD SHOT, CLOSE UP, MID SHOT, FRONT FULL & PROFILE
(5 PICTURES)**

**RECENT PASSPORT
SIZE PHOTOGRAPH**

REGISTRATION AND APPLICATION FEE*(Payment by DD or Bank transfer for outstation and International Students).The registration and application fee of Rs.2500.00 inclusive of service tax is non – refundable and all payments to be made favoring **MINDSCREEN FILM INSTITUTE, CHENNAI** along with this duly filled in application.

***REGISTRATION AND APPLICATION FEE PAYMENT (PLEASE TICK THE APPROPRIATE)**

MODE OF PAYMENT	<input type="checkbox"/> DEMAND DRAFT	<input type="checkbox"/> BANK TRANSFER	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> CASH
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FOR OFFICE USE (REGISTRATION AND APPLICATION FEE CONFIRMATION)

RECEIPT NUMBER:	DATED:	AMOUNT: Rs.
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PERSONAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
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NATIONALITY	MOTHER TONGUE	DATE OF BIRTH	AGE:	YRS
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DATE:	MONTH:	YEAR:	SEX	<input type="checkbox"/> M	<input type="checkbox"/> F
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CONTACT AND COMMUNICATION PARTICULARS OF THE APPLICANT

ADDRESS FOR CORRESPONDENCE

PERMANENT ADDRESS

APPLICANT'S E-MAIL ID:

MOBILE No:

APPLICANT'S PASSPORT No:

APPLICANT'S DRIVING LICENCE No:

APPLICANT'S PAN CARD No:

APPLICANT'S VOTERS ID No:

APPLICANT'S HIEGHT: CMS

MARITAL STATUS

BLOOD GROUP

APPLICANT'S WIEGHT: KGS

MARRIED

SINGLE

DETAILS OF EDUCATIONAL QUALIFICATION

EXAMINATION/ DEGREE PASSED	UNIVERSITY BOARD/INSTITUTION	SUBJECTS	YEAR OF PASSING	% MARKS	DIVISION /CLASS GRADE

LANGUAGE SKILLS			ADDITIONAL SKILLS
READ	WRITE	SPEAK	A)
			B)
			C)
			D)

HAVE YOU UNDERTAKEN ANY DRAMA / PERFORMING ARTS TRAINING?IF YES,FURNISH DETAILS

Which type of movie genre do you watch?

What is your favorite film and why?

Actor inspired by you to get into movies?

YOUR INTREST

	MODELING		AD FILMS		FEATURE FILMS		SHORT FILMS
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Your blog or website address if any:

STATEMENT OF PURPOSE TO WHY YOU WISH TO TAKE UP A CAREER AS AN ACTOR IN 200 WORDS STRICTLY. (ATTACH A SEPARATE SHEET IF NEEDED)

ARE YOU RELATED TO ANYBODY IN THE FILM INDUSTRY? IF YES PLEASE FURNISH DETAILS

ON COMPLETION OF THE COURSE, HOW DO YOU INTEND TO GET INTO THE FILM INDUSTRY?

PARENT'S /GAURDIAN'S PERSONAL INFORMATION

PARENT'S /GAURDIAN'S NAME

PARENT'S /GAURDIAN' OCCUPATION

PARENT'S /GAURDIAN'S ANNUAL INCOME

Rs.

ADDRESS FOR COMMUNICATION

PERMANENT ADDRESS

PARENT'S /GAURDIAN'S E-Mail ID:

PARENT'S /GAURDIAN'S MOBILE No:

PARENT'S /GAURDIAN'S LANDLINE No:

I solemnly affirm that the information given in this application is true to the best of my knowledge and belief. I understand that the decision of the institute is final with regard to the admission and assignment to a particular course of study. If selected for admission, I promise to abide by the rules, regulations and directives of the Institute and pay all applicable fees before commencement of the course.

SIGNATURE OF THE APPLICANT:

Date:

Place: