

**MINDSCREEN FILM INSTITUTE (MFi)**

4, Ranga Lane, Ranga Road, Mylapore, Chennai - 600004

Ph: +91 44 42108682 / 24996417/Mobile: +91 9841612595 /7550142159

Web: www.mindscreen.co.in /E-mail: mindscreen@mindscreen.co.in

APPLICATION NUMBER

WILL BE ALLOTTED BY MFi

**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 OR AADHAR CARD)
- REGISTRATION AND APPLICATION FEE\*.
- STATEMENT OF PURPOSE.
- CANDIDATES APPLYING FOR ACTING COURSE SHOULD ATTACH FIVE PHOTOGRAPHS: HEAD SHOT, CLOSE UP, MID SHOT, FRONT FULL & PROFILE

**YOUR 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 BOXES)**

BANK TRANSFER

DEMAND DRAFT

CHEQUE

CASH

OTHERS

**FOR OFFICE USE (REGISTRATION AND APPLICATION FEE CONFIRMATION)**

RECEIPT NUMBER:

DATED:

Rs.

MODE OF PAYMENT:

**CHOICE OF SPECIALIZATION (PLEASE TICK THE APPROPRIATE BOXES)****NINE MONTHS COURSE IN CINEMATOGRAPHY****SIX MONTHS COURSE IN CINEMATOGRAPHY****SIX MONTHS COURSE IN FILMMAKING & DIRECTION****SIX MONTHS CERTIFICATE COURSE IN ACTING****APPLICANT'S PERSONAL DETAILS**

FIRST NAME

MIDDLE NAME

SURNAME

SEX

**M****F**

APPLICANT'S E-MAIL ID:

MOBILE (WhatsApp Number):

APPLICANT'S DRIVING LICENCE NO:

APPLICANT'S PASSPORT NO

APPLICANT'S VOTER ID NO:

APPLICANT'S AADHAAR CARD NO:

BLOOD GROUP:

**CONTACT AND COMMUNICATION ADDRESS OF THE APPLICANT****MAILING ADDRESS****PERMANENT ADDRESS**

DETAILS OF EDUCATIONAL QUALIFICATION FROM HSC/MATRICULATION /SSLC/SSC ONWARDS											
EXAMINATION PASSED	UNIVERSITY/BOARD/ INSTITUTE/ COLLEGE			SUBJECTS	YEAR OF PASSING	% MARKS	DIVISION/ CLASS/GRAD				
APPLICANT'S LANGUAGE SKILLS				APPLICANT'S COMPUTER SKILLS							
				ADOBE PHOTO SHOP		ADOBE PREMIERE		MS OFFICE			
				EXCELLENT		EXCELLENT		EXCELLENT			
				GOOD		GOOD		GOOD			
				AVERAGE		AVERAGE		AVERAGE			
				POOR		POOR		POOR			
OTHER SKILLS (PLEASE TICK)											
DIGITAL PHOTOGRAPHY (DSLR)			EXCELLENT	GOOD	AVERAGE	POOR					
VIDEO EDITING			EXCELLENT	GOOD	AVERAGE	POOR					
SOUND RECORDING			EXCELLENT	GOOD	AVERAGE	POOR					
IMAGE EDITING			EXCELLENT	GOOD	AVERAGE	POOR					
<b>WHETHER STUDIED EARLIER IN ANY OTHER FILM INSTITUTE? IF YES NAME AND ADDRESS OF THE INSTITUTE AND SPECIALIZATION</b>											
<b>HAVE YOU ATTENDED ANY FILM FESTIVAL? IF YES PLEASE FURNISH DETAILS</b>											
<b>HAVE YOU ATTENDED ANY WORKSHOP OR SEMINAR? IF YES, PLEASE SPECIFY</b>											
<b>IF EMPLOYED, PLEASE FURNISH YOUR EMPLOYMENT DETAILS</b>											
<b>ARE YOU RELATED TO ANYBODY IN THE FILM INDUSTRY? IF YES PLEASE FURNISH DETAILS</b>											
<b>ON COMPLETION OF THE COURSE, HOW DO YOU INTEND TO GET INTO THE FILM INDUSTRY?</b>											
										YES	NO

**SHORT FILM, MUSIC VIDEO, DOCUMENTARY WRITTEN/DIRECTED OR SHOT BY YOU****ANY AWARDS WON BY YOU?****STATEMENT OF PURPOSE TO WHY YOU WISH TO TAKE UP A CAREER AS A CINEMATOGRAPHER /SCREENWRITER /DIRECTOR or ACTOR IN 200 WORDS STRICTLY.****PARENT'S /GAURDIAN'S PERSONAL INFORMATION (TO BE FILLED IN COMPULSORILY)**

PARENT'S /GAURDIAN'S NAME

PARENT'S /GAURDIAN'S NAME  
OCCUPATION

PARENT'S /GAURDIAN'S ANNUAL INCOME

ADDRESS FOR COMMUNICATION OF YOUR  
PARENTSPERMANENT ADDRESS FOR COMMUNICATION OF  
YOUR PARENTS

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

PARENT'S /GAURDIAN'S MOBILE No:

PARENT'S /GAURDIAN'S LANDLINE No:

**DECLARATION**

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: