



MINDSCREEN FILM INSTITUTE

No.4, (Old No.51), Ranga Lane, Off Dr.Ranga Road, Mylapore, Chennai – 600 004
 Telephone: +91 44 42108682 / 24996417, Fax: +91 44 24310655, Mobile: +91 9841612595
 E-mail: mindscreen@mindscreen.co.in, Web: www.mindscreen.co.in

APPLICATION
NUMBER

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*.
- STATEMENT OF PURPOSE.

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)

<input type="checkbox"/>	BANK TRANSFER	<input type="checkbox"/>	DEMAND DRAFT	<input type="checkbox"/>	CASH	<input type="checkbox"/>	OTHERS
CHOICE OF SPECIALIZATION		CINEMATOGRAPHY		SCREENWRITING & FILMMAKING			

FOR OFFICE USE (REGISTRATION AND APPLICATION FEE CONFIRMATION)

RECEIPT NUMBER:		DATED:		Rs.	MODE OF PAYMENT:		
APPLICANT'S PERSONAL DETAILS							
FIRST NAME		MIDDLE NAME		SURNAME		SEX	
						<input type="checkbox"/>	<input type="checkbox"/>
DATE OF THE BIRTH		NATIONALITY		MOTHER TONGUE		MARITAL STATUS	
Day	Month	Year				<input type="checkbox"/>	<input type="checkbox"/>

CONTACT AND COMMUNICATION DETAILS OF THE APPLICANT

MAILING ADDRESS				PERMANENT ADDRESS			

APPLICANT'S E-MAIL ID			MOBILE NO		
APPLICANT'S DRIVING LICENCE NO			APPLICANT'S PASSPORT NO		
APPLICANT'S VOTER ID NO		APPLICANT'S PAN CARD NO		BLOOD GROUP	
APPLICANT'S LANGUAGE SKILLS			APPLICANT'S COMPUTER SKILLS		
READ	WRITE	SPEAK	ADOBE PHOTO SHOP	ADOBE PREMIERE	MS OFFICE
			EXCELLENT	EXCELLENT	EXCELLENT
			GOOD	GOOD	GOOD
			AVERAGE	AVERAGE	AVERAGE
			NIL	NIL	NIL

DETAILS OF EDUCATIONAL QUALIFICATION FROM MATRICULATION /SSLC/SSC ONWARDS					
EXAMINATION PASSED	UNIVERSITY/BOARD/INSTITUTION/COUNS	SUBJECTS	YEAR OF PASSING	% MARKS	DIVISION/CLASS/GRADE

OTHER SKILLS (PLEASE TICK)

DIGITAL PHOTOGRAPHY (DSLR)	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	AVERAGE	<input type="checkbox"/>	NIL
VIDEO EDITING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
SOUND RECORDING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
IMAGE EDITING	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

HAVE YOU ATTENDED ANY WORKSHOP OR SEMINAR? IF YES, PLEASE SPECIFY

--

WHETHER STUDIED EARLIER IN ANY OTHER FILM INSTITUTE? IF YES NAME AND ADDRESS OF THE INSTITUTE AND SPECIALIZATION

--

HAVE YOU ATTENDED ANY FILM FESTIVAL? IF YES PLASE FURNISH DETAILS

--

HAVE YOU PREVIOUSLY APPLIED FOR ADMISSION AT MINDSCREEN FILM INSTITUTE? YES **NO**

IF EMPLOYED, PLEASE FURNISH YOUR EMPLOYMENT DETAILS

--

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?

--

SHORT FILM, MUSIC VIDEO, DOCUMENTARY WRITTEN/DIRECTED OR SHOT BY YOU

STATEMENT OF PURPOSE TO WHY YOU WISH TO TAKE UP A CAREER AS A CINEMATOGRAPHER /SCREENWRITER OR DIRECTOR IN 200 WORDS STRICTLY.

PARENT'S /GAURDIAN'S PERSONAL INFORMATION

PARENT'S /GAURDIAN'S NAME

PARENT'S /GAURDIAN'S NAME 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:

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: