

CITY MONTESSORI SCHOOL, LUCKNOW, INDIA
11TH INTERNATIONAL CHILDREN'S FILM FESTIVAL (04TH to 12TH April 2019)

DELEGATE REGISTRATION FORM

(Maximum two Delegates are allowed per film entry & both the Delegates have to fill separate entry forms)

PERSONAL DETAILS

01) Name:

02) Age:..... Date of Birth

03) Address.....

.....

City.....Pin.....State.....Country.....

04) Designation:.....

05) Qualification –Academic:

06) Qualification –Professional:.....

07) Email AddressMobile No.:.....

PROFESSIONAL DETAILS

08) Institution/Company/Firm.....

09) Designation:.....

10) Office Address:

City.....Pin.....State.....Country.....

11) Website Address.....Email-id.....

Only for Media Students

12) Name of Institution.....

13) Course undertaking

14) Address

City.....Pin.....State.....Country.....

15) Give details about yourself as a film maker/writer/editor/media student:

.....

.....

16) 1) Name of the Film Screened at 11th ICFF-19.....

2) Dates of Screening as per the schedule

3) Show-time and Theatre

16) Please enclose your Bio data along with this form(optional)

I certify that the above given details are true to the best of my knowledge. Kindly register me as a delegate for CMS 11th International Children's Film Festival 2019 (CMS-ICFF-19)

Date.....

Signature

Place.....

Name (.....)

Please
place your
photograph
here

CMS Films & Radio Division

City Montessori School, 10, Station Road, Lucknow 226001, India.

Tel :0091-0522-2637078, 2638606, 2638738, Mobile: 0091 9415015039, Fax : 0091-522-2638008,2635497

website: cmsfilms.org/icff, email: info@cmsfilms.org, email: varghese.kurian@cmseducation.org