

**ENTRY FORM – INDYWOOD ACADEMY AWARDS**

**Note**

1. Please exercise great care in filling this form. Details entered against each column in the application would be deemed to be final for the purpose of determination of Awards. No request for change of details would be entertained at any stage.

2. The Producer/Production Company must ensure that the names indicated in the entry form tally with the credit titles appearing in the film.

**Movie Details**

TRACKING NUMBER: \_\_\_\_\_ (as of in Filmfreeway)

TITLE (ORIGINAL) \_\_\_\_\_

TITLE IN ENGLISH \_\_\_\_\_

THEATRICAL RELEASE DATE OF THE FILM : \_\_\_\_\_ (DD/MM/YY)

DURATION IN MINUTES \_\_\_\_\_

LANGUAGE (ORIGINAL) \_\_\_\_\_

WHETHER SUBTITLED IN ENGLISH: \_\_\_\_\_ (Yes/No)

**TECHNICAL DETAILS**

VIDEO FORMAT (INCLUDING CODECS AND COLOUR SPACE) : \_\_\_\_\_

AUDIO FORMAT : \_\_\_\_\_

ASPECT RATIO : \_\_\_\_\_

**CREDITS:**

**(A ) DIRECTOR**

Name: \_\_\_\_\_

Whether it is the Director's Debut Film : \_\_\_\_\_ (Yes/No)

(If yes ,then must enclose the supporting documents )

**(B) PRODUCER**

Name: \_\_\_\_\_

(if Co-Producer, Ex. Producer exits ,please mention their name also)

**(C) Screenplay (S) :**

ORIGINAL SCREENPLAY     ADAPTED SCREENPLAY: (tick the category)

Name : \_\_\_\_\_

**(D) CINEMATOGRAPHY :**

Name : \_\_\_\_\_ (Title as in Credits)

**(E)CAST**

(a) LEAD ACTOR: \_\_\_\_\_

(b) LEAD ACTRESS : \_\_\_\_\_

(c) SUPPORTING ACTOR : \_\_\_\_\_

(d) SUPPORTING ACTRESS: \_\_\_\_\_

(e) CHILD ARTIST: \_\_\_\_\_

**(F)Sound**

(a) SOUND EDITING: \_\_\_\_\_

(b)SOUND MIXING ENGINEER : \_\_\_\_\_

**(G) FILM EDITOR:**

Name : \_\_\_\_\_

**(H) COSTUME DESIGNER(S):**

Name : \_\_\_\_\_

**(I) MAKE-UP DIRECTION:**

Name : \_\_\_\_\_

**(J)MUSIC**

(A)MUSIC DIRECTOR (SONGS) : \_\_\_\_\_

(B)MUSIC DIRECTOR (BACKGROUND SCORE): \_\_\_\_\_

(C)LYRICIST: \_\_\_\_\_

(D)PLAYBACK SINGER (MALE): \_\_\_\_\_

(E)PLAYBACK SINGER (FEMALE): \_\_\_\_\_

**(H) ART DIRECTION :**

Name : \_\_\_\_\_

**(I) CHOREOGRAPHY:**

Name : \_\_\_\_\_

**(J) SPECIAL EFFECTS CREATOR (VFX) :**

Name : \_\_\_\_\_

I / WE \_\_\_\_\_ AGREE TO ABIDE BY THE IAA REGULATIONS. NECESSARY PERMISSION HAS BEEN TAKEN / OBTAINED FROM THE RIGHTS HOLDER CONCERNED OF THE FILM BEFORE ENTERING THE SAME IN IAA (2017 -18). ALL THE INFORMATION GIVEN ABOVE ARE TRUE TO THE BEST OF MY / OUR KNOWLEDGE AND I HAVE ALSO ENCLOSED ALL THE RELEVANT SUPPORTING DOCUMENTS (AS MENTIONED IN THE RULES AND REGULATION)

PLACE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF THE ENTRANT \_\_\_\_\_

MOB NO : \_\_\_\_\_

EMAIL ID : \_\_\_\_\_

SIGNATURE