



# SATYAJIT RAY FILM AND TELEVISION INSTITUTE

E M BYPASS ROAD, P.O. PANCHASAYAR, KOLKATA 700094

## ADMISSION 2011

### APPLICATION FORM FOR 3-YEAR POST GRADUATE PROGRAMME

PASTE ONE  
PASSPORT SIZE  
PHOTOGRAPH

- BEFORE FILLING UP THE FORM, PLEASE READ THE PROSPECTUS.
- EVERY COLUMN IN THE FORM MUST BE FILLED IN BLOCK LETTERS ONLY.

1.	Candidates should mention his/her choice or specializations in order of preference (put 1 & 2 in the box).	<input type="checkbox"/> DIRECTION & SCREENPLAY WRITING	<input type="checkbox"/> EDITING
		<input type="checkbox"/> CINEMATOGRAPHY	<input type="checkbox"/> AUDIOGRAPHY
2.	Choice of Examination Centre		

3.	<b>RESERVATION STATUS</b>
	IF FROM RESERVED CATEGORY, SPECIFY CATEGORY; ENCLOSE CERTIFIED DOCUMENT

4.	<b>DETAILS OF ENTRANCE FEE REMITTANCE:</b>			
	AMOUNT	DRAFT NO.	DATE OF ISSUE	ISSUING BANK (NAME & PLACE/BRANCH)
	Rs. 1,500/-			

5.	<b>APPLICANT'S PERSONAL DETAILS:</b> [As appearing in School Leaving Certificate]						
	FIRST NAME		MIDDLE NAME		SURNAME		SEX
							<input type="checkbox"/> Male <input type="checkbox"/> Female
	DATE OF BIRTH			NATIONALITY	MOTHER TONGUE	MARITAL STATUS	
	DAY	MONTH	YEAR			<input type="checkbox"/> UNMARRIED	
						<input type="checkbox"/> Married <input type="checkbox"/> Single	

6.	<b>APPLICANT'S ADDRESS:</b>	E-mail	
	ADDRESS FOR COMMUNICATION		PERMANENT ADDRESS
	Ph:		Ph:

7.	NAME OF THE FATHER:		NAME OF GURDIAN: (IF FATHER IS NOT ALIVE OR NOT THE GUARDIAN)	
	PERMANENT ADDRESS		PERMANENT ADDRESS	
	PH:		PH:	
	ADDRESS FOR COMMUNICATION		ADDRESS FOR COMMUNICATION	
	PH:		PH:	

PLEASE SEE OVERLEAF

APPLICANT'S ACADEMIC QUALIFICATIONS: (FROM HIGHER SECONDARY ONWARDS)					
EXAMINATION	YEAR	BOARD / UNIVERSITY	MAIN SUBJECT / S	% OF MARKS	DIVISION
8.					

9.		ADDITIONAL QUALIFICATION / MEDIA EXPERIENCE

10.			APPLICANT'S OTHER DETAILS:	
WHETHER STUDIED EARLIER IN ANY GOVT./GOVT. AIDED FILM/TV INSTITUTE		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES, NAME & ADDRESS OF THE INSTITUTE AND SESSION				
WHETHER COMPLETED THE ABOVE EARLIER COURSE PURSUED		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WHETHER APPLIED BEFORE FOR ADMISSION TO S.R.F.T.I		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES STATE DETAIL WHEN				
WHETHER CURRENTLY EMPLOYED		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Note:</b> Concerned candidate will have to submit 'No Objection Certificate' from employer.				

11.			ENCLOSURE CHECK LIST: (Tick appropriate box) IN CASE OF DOUBT, CONSULT PROSPECTUS	
<input type="checkbox"/> DEMAND DRAFT	<input type="checkbox"/> ATTESTED COPY OF AGE-PROOF CERTIFICATE	<input type="checkbox"/> FIVE RECENT STAMP SIZE PHOTOGRAPHS		
<input type="checkbox"/> ATTESTED COPY OF ACADEMIC/GRADUATION CERTIFICATE	<input type="checkbox"/> CERTIFIED COPY OF RESERVATION CERTIFICATE (If applicable)	<input type="checkbox"/> N.O.C. FROM EMPLOYER (If applicable)		

I/WE solemnly affirm that the information given in this application is true to the best of my/our knowledge and belief. I/we understand that the decision of the Institute is final in regard to the admission and assignment to a particular course of study. If selected for admission, I/we promise to abide by the rules, regulations and directives as issued and also the extant bye-laws of the Institute and to pay all applicable dues/fees and meet all necessary expenditure, regularly till the completion/discontinuation of the course.

PLACE:  DATE:

[COUNTERSIGNATURE OF FATHER/GUARDIAN]

[SIGNATURE OF THE APPLICANT]

DO NOT WRITE ANYTHING BELOW THIS LINE. OFFICE USE ONLY

APPLICATION NO. \_\_\_\_\_ DATE OF RECEIPT \_\_\_\_\_ DRAFT  
 DETAIL: \_\_\_\_\_

APPLICANT TO PUT ONE SPECIMEN SIGNATURE PER NUMBER BELOW THIS LINE

ADMISSION CELL

3

2

1