



**SATYAJIT RAY FILM AND TELEVISION INSTITUTE**  
E M BYPASS ROAD, P.O. PANCHASAYAR, KOLKATA 700094

**ADMISSION 2011-12**

**APPLICATION FORM FOR SHORT COURSE (6 MONTHS): ACTING FOR THE SCREEN**

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

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

PASTE ONE PASSPORT SIZE PHOTOGRAPH
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2.	<b>DETAILS OF ENTRANCE FEE REMITTANCE:</b>			
	<b>AMOUNT</b>	<b>DRAFT NO.</b>	<b>DATE OF ISSUE</b>	<b>ISSUING BANK (NAME &amp; PLACE/BRANCH)</b>
	Rs. 600/-			

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

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

5.	<b>NAME OF THE FATHER:</b>		<b>NAME OF GURDIAN: (IF FATHER IS NOT THE GUARDIAN)</b>	
	<b>PERMANENT ADDRESS</b>		<b>PERMANENT ADDRESS</b>	
	PH:		PH:	
	<b>ADDRESS FOR COMMUNICATION</b>		<b>ADDRESS FOR COMMUNICATION</b>	
PH:		PH:		

PLEASE SEE OVERLEAF

EDUCATIONAL QUALIFICATIONS WITH ATTESTED DOCUMENTS: (FROM HIGHER SECONDARY ONWARDS)					
EXAMINATION	YEAR	BOARD / UNIVERSITY	MAIN SUBJECT / S	% OF MARKS	DIVISION/CLASS
6.					

7.		ADDITIONAL QUALIFICATION / MEDIA EXPERIENCE / WORKING EXPERIENCE (PROOF OF EXPERIENCE REQUIRED)

STATEMENT OF PURPOSE (Type this out in Annexure 'A' attached herewith)

8.	WHETHER STUDIED EARLIER IN ANY GOVT./ GOVT. AIDED FILM / TV INSTITUTE	<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 DETAILS (year / specialisation):		
	WHETHER CURRENTLY EMPLOYED <b>Note:</b> Concerned candidate will have to submit 'No Objection Certificate' from employer.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

The candidate should provide one cd / dvd as sample of Acting (The total duration of the clip / clips should not exceed 20 minutes)

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: \_\_\_\_\_

ADMISSION CELL

APPLICANT TO PUT ONE SPECIMEN SIGNATURE PER NUMBER BELOW THIS LINE

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2

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**Annexure 'A'**

**Write within 400 words your Statement of Purpose for joining the programme:**

(The Statement of Purpose must be TYPED and Signed by the candidate)