



SATYAJIT RAY FILM AND TELEVISION INSTITUTE

E M BYEASS ROAD, P.O. PANCHASAYAR, KOLKATA 700 094

ADMISSION 2009-10

APPLICATION FORM FOR 3-YEAR POST GRADUATE DIPLOMA COURSE

PASTE ONE
PASSPORT SIZE
PHOTOGRAPH

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

1.	SPECIFIC DISCIPLINE APPLIED FOR (TICK ONLY ONE)	<input type="checkbox"/> DIRECTION & SCREENPLAY WRITING	<input type="checkbox"/> EDITING
		<input type="checkbox"/> CINEMATOGRAPHY	<input type="checkbox"/> AUDIOGRAPHY
2.	CHOICE OF EXAMINATION CENTRE		

3.	RESERVATION STATUS
	IF FROM RESERVED CATEGORY, SPECIFY CATEGORY; ENCLOSE NOTARISED DOCUMENT

4.	DETAILS OF ENTRANCE FEE REMITTANCE:			
	AMOUNT	DRAFT NO.	DATE OF ISSUE	ISSUING BANK (NAME & PLACE/BRANCH)
	Rs.			

5.	APPLICANT'S PERSONAL DETAILS: [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.	APPLICANT'S ADDRESS:		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 ONWARD)					
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
	Note: 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"/> DULY FILLED ADMIT CARD WITH PHOTOGRAPHE PASTED
	<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"/> NOTARISED 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: _____

ADMISSION CELL

APPLICANT TO PUT ONE SPECIMEN SIGNATURE PER NUMBER BELOW THIS LINE

3

2

1