# National Film Academy

## Short Film Festival 2026 – Application Form

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### Mode of Submission (Tick One):

■ Pendrive

■ Google Drive Link

Google Drive Link: _____

### 1. Programme Details

Title of the Programme: _____

Total Duration: _____ minutes _____ seconds

Telecasting date/channel (if any): _____

Production Date: ____ / ____ / _____

Uploaded Date (if any): ____ / ____ / _____

Platform (YouTube/Others): _____

Link (if applicable): _____

Awards Received (if any): _____

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### 2. Producer Details

Full Name: _____

Father's / Mother's / Spouse's Name: _____

Age: _____

Address: _____

_____

Pincode: _____

Aadhaar Number: _____

Phone Number: _____ Email ID: _____

Photograph of Producer: (Paste passport-sized photo here)

### 3. Director Details

Full Name: _____

Father's / Mother's / Spouse's Name: _____

Age: _____

Address: _____

_____

Pincode: _____

Aadhaar Number: _____

Phone Number: _____ Email ID: _____

Photograph of Director: (Paste passport-sized photo here)

## 4. Synopsis of the Programme

Please attach a one-page synopsis separately along with this application form.

Attached: ■ Yes ■ No

## 5. Enclosures (Please Tick)

■ Copy of Aadhaar Card – Producer and Director

■ Pendrive containing the programme

■ Google Drive link to the programme (write the link above/on the form)

■ Synopsis of the Programme

■ Declaration Form (Signed)

■ Authorization Letter (Signed)

■ Shooting stills / Posters

■ Telecasting certificate copy

■ Payment details of preview charges – ■500 (QR code for remittance to be provided)

## 6. Declaration by the Producer and Director

We hereby declare that the information provided above is true and correct to the best of our knowledge and belief. We affirm that we are the rightful owners/creators of the submitted programme titled "_____", and that there are no legal disputes or copyright claims pending regarding this content.

We also declare that the programme has been submitted voluntarily for the National Film Academy Short Film Festival 2026, and we agree to abide by the terms and conditions of the festival.

Date: ____ / ____ / _____

Place: _____

Signature of Producer: _____ Name: _____

Signature of Director: _____ Name: _____

## For Office Use Only

Submission ID: _____ Received On: ____ / ____ / _____

Checked by: _____ Remarks: _____

## Submit this form to:

**Festival Coordinator, National Film Academy**

Sooryagayatri, Chempakassery Nagar, Kesavadasapuram, Thiruvananthapuram – 695004.

Phone: 9387499100

Email: nfatvm@gmail.com