

7th Sailadhar Baruah Film Awards (NE) 2024

ENTRY FORM

Title of the film :
Title in English :
Language of the film : Running time (Mins) :
Year of production : Date Month Year.....

PRODUCER`s CONTACT INFORMATION

Name :
Address :
Mobile : E-mail :

DIRECTOR`s CONTACT INFORMATION

Name :
Mobile : E-mail :

PERFORMERS & PRODUCTION CREW (Name with mobile no.)

Lead Actor :
Lead Actress :
Music Director :
Cinematographer :
Sound Designer :
Film Editor :
Screenwriter :
Art Director :

I hereby declare that all the information furnished above is true to the best of my knowledge.

Place : (Signature)

Date : (Seal)