



INDIAN ACADEMY OF GERIATRICS



**GERICON 2024**

**GERIATRIC SHORT FILM FESTIVAL - ENTRY FORM**

**Theme:** \_\_\_\_\_

Title of the short film: \_\_\_\_\_

Name of the Producer: \_\_\_\_\_

Name of the Director: \_\_\_\_\_

Name of the Editor: \_\_\_\_\_

Name of the Cinematographer: \_\_\_\_\_

Name of the Script Writer: \_\_\_\_\_

Name of the Music Director: \_\_\_\_\_

Duration of the short film (Inclusive of Titles): \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds

**CONTACT DETAILS**

Mobile number: \_\_\_\_\_ Landline (if any) \_\_\_\_\_

E-mail ID: \_\_\_\_\_

We hereby declare that the particulars given by us in this entry form are accurate to the best of our knowledge. We promise that the submitted short film will be our creation, and we will fully adhere to and respect all the terms and conditions set down by the Organizing Team of the Short Film Festival, GERICON 2024. We will accept the final verdict of the judges of this competition as per IAG, GERICON 2024 rules and regulations. We also accept to give the telecast rights of the short film on Instagram page ID: GericonSFF2024 (@gericonsff2024) to create awareness among the public without any objections.

Signature of the Producer: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Director: \_\_\_\_\_

Date: \_\_\_\_\_

