ENTRY FORM

ABEL INTERNATIONAL FILM FESTIVAL 2025

1. Title

2. Language

3. Country

4. Category

5. Format

6. Duration

7. Year of production

8. Name & Address of the Producer with Telephone Number, Mobile and E-mail

9. Name & Address of the Director with Telephone Number, Mobile and E-mail

10. State whether this is maiden attempt of the Director

a) I have no objection for the screening of this film for Selection/Jury or for shows or any other screening Chavara Cultural Centre may consider necessary.

b) I have gone through the Rules & Regulations of the Chavara Film festival 2025 and hereby agree to abide by them.

c) I am submitting this film as an entry in my capacity as the Producer/Director of the film & hereby declare I am authorized to do so.

d) I hereby declare that the information provided is true to the best of my knowledge. I also understand Chavara Cultural center has the right to reject any entry at any stage if the information entered in this form is found to be incorrect.

e) I submit herewith all the attachments mentioned in the Rules &Regulations and shortlisted in the Check List.

Name and Signature:

Place:

Date:

For Office purposes

Registration Fee received ₹_____ by DD /Money Order /Cash /GP

Date of receipt:

Registered as Entry

Check list verified

Entry No. :

Festival Chairman

Festival Director

Festival Coordinator