

# **Entry Form**

## **KERALA STATE AWARDS FOR TELEVISION PROGRAMMES 2008 FICTION**



**Kerala State Chalachitra Academy**  
Sasthamangalam  
Thiruvananthapuram 695 010  
Tel: +91-471-2310 323, 2312 214, Fax: 2310 322  
E-mail: [chitram@md3.vsnl.net.in](mailto:chitram@md3.vsnl.net.in)  
[www.keralafilm.com](http://www.keralafilm.com)

# A

**DEADLINE FOR SUBMITTING THE ENTRY FORM: ON OR BEFORE 20th October 2009**

**Title :** (In Malayalam) :  
(In English) :

**Category :** **Tele Serial**   
**Tele Film Short**   
**Tele Film Long**   
**Children Short Film**   
**TV Show Entertainment**

**Format :** **Beta**  **DV Cam**  **Mini DV**

**Number of Cassettes:** **Running Time:**

**Number of Episodes :**

**Name of the Channel telecast :**

**Telecast Date & Certificate number :**

Name, address, telephone number, fax and E-mail of the following

**Producer :**

**Director :**

**Script Writer :**

**Story Writer :**

**Cameraman :**

Sound Recordist :

Editor :

Art Director :

Music Director :

Dubbing Artist (Male) :

Dubbing Artist (Female) :

Child artiste :

Cast with names and address :

(Use extra sheet if necessary)

*I have read the regulations of the Kerala State Awards for Television Programmes 2008 and accept them.*

Name and Signature of the Director / Producer

*I hereby agree that Kerala State Chalachitra Academy on behalf of the Government of Kerala shall be entitled to exhibit this Tele Serial / Tele Film at a Festival of Television programmes which may be organized by the Academy, admission to which may be regulated by a nominal fee or without any payment to me. I also agree to give the cassette of the programme at material cost in the event of its receiving an award for archival purpose.*

*I certify that this programme was not entered for the State Television Award in any previous year and not have been telecast in any other channel before 2008.*

Place:

Date

Name, address and Signature of the Director / Producer