



## 24<sup>th</sup> CEC-UGC EDUCATIONAL VIDEO FESTIVAL

### ENTRY FORM

(Please use separate form for each category)

1. Title of the Program / Documentary (**only one entry per category**):

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2. Categories: **[Please tick the relevant]**

- |        |   |                          |
|--------|---|--------------------------|
| (i)    | Best Film /Documentary Award  | <input type="checkbox"/> |
| (ii)   | Best Short Film   | <input type="checkbox"/> |
| (iii)  | Innovative Lecture Award (Academician)  | <input type="checkbox"/> |
| (iv)   | Best MOOCs Awards   | <input type="checkbox"/> |
| (v)    | Best Research Award`  | <input type="checkbox"/> |
| (vi)   | Best Script Writing Award   | <input type="checkbox"/> |
| (vii)  | Best Cinematography Award   | <input type="checkbox"/> |
| (viii) | Best Editing Award  | <input type="checkbox"/> |
| (ix)   | Best Sound Design Award   | <input type="checkbox"/> |
| (x)    | Best Visual Effects& Animation Award  | <input type="checkbox"/> |
| (xi)   | Best Amateur Video Production by Students studying in Mass Communication, Journalism, Film/TV and allied professional Courses | <input type="checkbox"/> |
| (xii)  | Best Program of the Year Award<br><b>(Exclusively for UGC-CEC Media Centres)</b>  |                          |

3. Production date: \_\_\_\_\_ 4. Duration: \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds

5. Language of the Program: \_\_\_\_\_ 6. Subtitled in English: Yes / No

7. Name and Correspondence Address of the participant:

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Mobile \_\_\_\_\_ e-mail: \_\_\_\_\_

8. Names of the Crew Members of the program:

- (i) Producer / Director
- (ii) Researcher
- (iii) Script Writer
- (iv) Cameraman
- (v) Editor
- (vi) Sound Recordist / Technician
- (vii) Graphic Artist / Animator

**Declaration:**

I declare that I have gone through the terms and conditions of the Festival and agree to the same. I also declare that the entered program / documentary is produced between 1<sup>st</sup> January 2019 to 31<sup>st</sup> December 2021 and allow the same to be screened at the Festival, if selected. I testify that the program does not violate the copyright / intellectual property right law or any other law in-force in this regard. I agree and give one-time transmission rights to CEC for telecasting the program on its Vyas Higher Education Channel or may be used in promo etc. for non-commercial purposes. I also agree to host the film on CEC's official website for public screening.

\_\_\_\_\_  
**Signature**

Place: \_\_\_\_\_

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

**Forwarded by:**

[Applicable only for Best Video Production by the Student Category (ix)]

Name of Institution/Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name & Designation of Head of the Department: \_\_\_\_\_

Contact No. \_\_\_\_\_ E-mail: \_\_\_\_\_

**Signature of Head of Deptt. with Office Seal**