DR. BHUPEN HAZARIKA REGIONAL GOVERNMENT FILM AND TELEVISION INSTITUTE
SILA, CHANGSARI, GUWAHATI-781101, ASSAM, INDIA

Paste
Passport Size
Photograph

N.B This form is valid for the academic year .....

Application Form for admission to —

1. Diploma in Motion Picture Photography
2. Diploma in Audiography & Sound Engineering
3. Diploma in Film and Video Editing
4. Diploma Course in Applied Acting (Film & TV)

Mention only one course

_____

(Insert name of the course applied for)

I. To be filled in by the condidate in his/her own handwriting.

II. Rs. 500/- have to be paid in favour of DR. BHUPEN HAZARIKA REGIONAL GOVERNMENT FILM AND TELEVISION INSTITUTE through the following QR Code :

Pay using 90+ Apps including

and more...

Transaction No. _____ Date_____ Amount_____

1. Full name of the Applicant _____
(IN BLOCK LETTERS)

2. Name of the Applicant _____

(IN BLOCK LETTERS)

(a) For Communication

_____

_____

E-mail _____Phone (Whatsapp)_____

(b) Permanent address

_____

_____

_____Phone _____

3. Name of the Father _____

(IN BLOCK LETTERS)

4. Name of the Guardian _____

(If father is not the guardian)

(IN BLOCK LETTERS)

5. Name of the State to which the applicant belongs _____

6. Date of Birth _____

(Attach attested copy of documentary evidence)

7. Nationality and Citizenship _____

8. Marital Status _____

9. If the applicant belongs to a Scheduled Caste/Tribe/Other

Give particulars _____

(Attach attested copy of documentory evidence)

10. Details of Examination (s) passed from High School Leaving Examination onwards :

School/ College	Board	Examinaiton Passed	Year	Subjects taken	Marks obtained	% of marks obtained	Division
1	2	3	4	5	6	7	8

Attested copies of certificate (s) including conduct and character and mark-sheets of the examination(s) should be enclosed.

12. Details of relevant experience, if any _____

(attach attested copy of documentary evidence)

13. Details of enclosures (i) _____

(ii) _____

(iii) _____

The information given in this application is correct to the best of knowledge and belief. I understand that the decision of the respective authority is final in regard to the selection for admission and assignment to a particular course of study.

Place :

Date : Signature of the applicant

Endorsement of the Guardian

(Undertaking once executed can not be withdrawn till the course of study is complete)

I have the acquainted myself with the agree to the course and regulations of Dr. Bhupen Hazarika Regional Government Film and Television Institute and Fully endorse the application of my ward.

I also undertake the responsibility of meeting all expenditure on fees, books, study trips and living expenses of my ward during his/her period of training at the Institute.

Place :

Date : Signature of the Guardian

FOR OFFICE USE ONLY

Registration No. _____ Roll No. _____

MAY BE CALLED

MAY NOT BE CALLED for Entrance Examination Authorised Signatory

CENTRE CHECK CARD

Paste
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Photograph

No.

DR. BHUPEN HAZARIKA REGIONAL GOVERNMENT FILM AND TELEVISION INSTITUTE
SILA, CHANGSARI, GUWAHATI-781101, ASSAM, INDIA

Written Examination for admission to the course in _____
(To be filled in by the candidate)

Name _____
(To be written by the candidate in Block Letters)

Institute Registration No _____
(To be written by the Institute)

Entrance Examination Centre _____

Guwahati
Date _____

Authorised Signatory

CENTRE CHECK CARD

Paste
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No.

DR. BHUPEN HAZARIKA REGIONAL GOVERNMENT FILM AND TELEVISION INSTITUTE
SILA, CHANGSARI, GUWAHATI-781101, ASSAM, INDIA

Written Examination for admission to the course in _____
(To be filled in by the candidate)

Name _____
(To be written by the candidate in Block Letters)

Institute Registration No _____
(To be written by the Institute)

Entrance Examination Centre _____

Guwahati
Date _____

Authorised Signatory