



Aruldoss Memorial Educational Trust

Chennai Film School



Estd : 2003

(Affiliated to Tamilnadu Music and Fine Arts University)

APPLICATION FORM

Appln. No :

Reg. No :

Candidate Name :	Date of Birth :	Affix your Photo here
Parent / Guardian Name :	Occupation :	
Community : <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> MBC <input type="checkbox"/> BC <input type="checkbox"/> Other :	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	
Specify Name of community :	Nationality :	

Address for Communication :	Permanent Address :
Telephone :	Mobile :
	E-mail :

COURSE APPLIED FOR

Tick Your Specialization in the Correct place

- Direction**
 Editing
 Cinematography
 Sound

EDUCATIONAL QUALIFICATION

Education	Year of Passing	School / College / Certificate / Diploma	Percentage of Marks

EXPERIENCE

From (Month, Year)	To (Month, Year)	Name of the Employer / Job Title

Please note that you have any Experience in Photograph / Videography / Art / Music / Drama / Press / Others

- 1.
- 2.
- 3.
- 4.
- 5.

Please send the following with your application

1. Write a critique of a film you have seen recently.
2. Two passport size photographs.
3. An administration fee of Rs. 500/- should be send in the form of DD drawn in favor of **The Principal , CFS, Chennai - 600 041.**

If possible please bring the following for the interview

1. A bunch of photographs that you have taken.
2. A VHS / CD / DVD copy of a fiction or documentary film you have shot.
3. A Project you have done that reflects your interest in film making.

A person you know from Film / Photo / Television Industry - Relative / Friend Name & E-mail id :
Which film societies or organization to you belong to?
How did you hear about Chennai Film School?

I certify to the best of my knowledge that the particulars furnished in the form are correct. I agree to abide by the rules and regulations of the school.

Date :

SIGNATURE