



Offline Submission Process

Participant/ submitter/entrant can submit the film/ video offline too.

Download the form, fill it up. Pay the fee in Prairna Films account. Mention the payment reference details in entry form.

Attached in email.

- 1- Filled Form.
- 2- Online Screener/ Video Link.
- 3- Synopsis
- 4- Poster
- 5- Screenshot of Payment receipt

Email all above to - festivaldirector@kiiffa.com

Note- These 1 to 5 steps are mandatory. Without this, entry will be disqualified.

OR - Participant/ submitter/entrant can send the cheque or DD in the name of "Prairna Films" through courier along with pen drive /hard disk. Emailing courier receipt is must.

For Bank transaction :-

Account Name – PRAIRNA FILMS Bank Name – Union Bank Account Type– Current Account, Branch - OSHIWARA (Mumbai) – 400053, Maharashtra, India. Account no - 510101003152080 IFSC Code - **UBIN0933341**





ENTRY FORM ORIGINAL TITLE OF THE FILM: ENGLISH TITLE OF THE FILM: DURATION OF THE FILM (hours/minutes):			
			SYNOPSIS OF THE FILM (Approx.200 words): CATEGORIES:
FEATURE FILMS			
A - Feature film B - Web Feature Film C - Children Feature Film			
D - Women Feature Film E - Student Feature Film F - Smartphone Feature Film			
SHORT FILMS			
A - Short film (Long) B - Short Film (Small) C - Women Short Film			
D - Student Short Film E - Smartphone Short Film			
<u>WEB – SERIES</u>			
A - One Web- Episode			
DOCUMENTARY			
A – Documentary (Long) B – Documentary (Small) C - Women Documentary			
MUSIC VIDEO			
A - Band / Solo Artist			
TELEVISION EPISODE / TELEFILM			
A - One Episode B - Telefilm			
LYRICS			
A - Lyrics			
STAGE PLAY			
A - One Stage Play			
STORY/SCREENPLAYS/DIALOGUES- (Unfilmed)			
A - Story/Screenplays/Dialogues- Feature Film (Unfilmed)			
B- Story/Screenplays/Dialogues- Short Film (Unfilmed)			

44/A – 004, PARAMOUNT, 1st CROSS ROAD, LOKHANDWALA, ANDHERI WEST, MUMBAI-400053 +91-9820169151, +91- 8104381228, <u>prairnafilms@gmail.com</u>, <u>festivaldirector@kiiffa.com</u>, <u>www.kiiffa.com</u>





SUB - CATEGORY OF FILM

Animation

	Social	Awareness
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Environment Support

Other

FILM LANGUAGE: (Subtitles in English Are must):

YEAR OF PRODUCTION:

COUNTRY OF PRODUCTION:

NAME OF PRODUCTION COMPANY :

PRODUCER'S NAME:

DIRECTOR'S NAME:

MAIN CAST:

STORY:

SCREENPLAY:

DIALOGUES:

DOP / CINEMATOGRAPHER:

EDITOR:

MUSIC DIRECTOR:

FILM LINK :

1- Online Link

2- Pen Drive

Hard Drive

rive

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FILM POSTER :

PREVIOUS AWARDS (if any) :

ENTRY FEE PAYMENT DETAILS :

ONLINE TRANSFER AMOUNT:

TRANSACTION REFERENCE NO:

APPLICANT / SUBMITTER / ENTRANT ADDRESS FOR CORRESPONDENCE:

TELEPHONE:

MOBILE NUMBER:

EMAIL:

WEBSITE:

☐ I declare and agree to the rules and regulations of KIIFFA available on the website. I have read all the rules and regulations before submission.

Authorized Person's Name:

Date:

POSTAL ADDRESS –

KIIFFA C/O MS. PRAIRNA AGARWAL (Founder, Festival Director) 44/A-004, PARAMOUNT, 1st CROSS ROAD, LOKHANDWALA, ANDHERI (W), MUMBAI – 400053 MAHARASHTRA INDIA CONTACT: +91-8104381228 Email - <u>festivaldirector@kiiffa.com</u>

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