REGISTRATION FORM – SCIENCE FILM FESTIVAL

20 October – 18 December 2017

1. NAME OF THE SCHOOL
2. TEACHER´S NAME  
   CONTACT NUMBER & EMAIL ID
3. PROPOSED DATE OF FILM SCREENING
   1. Primary Group
   2. Secondary Group
4. List of films selected

a.  
b.  
c.  
d.  
e.  
f.  
g.  
h.  
i.  
j.

UNDERTAKING:

We, ……………………………………………..participating School/Institution, hereby agree to protect the privacy policy and abide by the copyright laws. The films will not be copied / pirated at any cost. Commercialization of the screenings will not be done by us. The pen drive (with films) will be given back to Goethe-Institut after the screening.

AUTHORISED SIGNATORY   
Date /Place  
School Seal

To be submitted on or before **15.10.2017**