





## APPLICATION FORM FOR JOURNALISTS FOR FILMING DOCUMENTARIES IN INDIA

## READ INSTRUCTIONS CAREFULLY. INCOMPLETE APPLICATIONS WILL NOT BE ACEPTED

I	<b>+</b>	
	t(Surname)	(Given Names)
Producer	(Surname)	(Given Names)
Cameran	nan	·
	(Surname)	(Given Names)
	(Surname)	(Given Names)
City	State	Post Code
c) Tel No		Fax No
ls of representative a) Name	in India, if any:	
h) Adduses		iven Names)
U) Address		
City	State	Pin Code
•		
•		Pin Code Fax No
•		
·		
•		
c) Tel No		Fax No
c) Tel No		
c) Tel No		Fax No
c) Tel No		Fax No
c) Tel No		Fax No
c) Tel No		Fax No
c) Tel No		Fax No  by the applicant:

5. Whether the applicant was refused permission for a	any film/documentary in India or proposed to be made
in India in the past.	Yes / No
6. If yes, give details:	
7. Schedule for filming:	
a) Whether any reconnaissance trip is intended.	Yes / No
b) If yes, itinerary /details thereof:	
c) Itinerary for filming, location-wise:	
8. Checklist:  Whether the following documents have been a) Undertaking in prescribed form	a attached with this application:
b) Script/Synopsis	Yes No
c) Details of locations where the documentary is proposed to be filmed	Yes No
d) Details of team members with their Passports and other particulars	Yes No
e) List of cinematic equipment to be Temporarily imported into India	Yes No
Place	
Date	(Signature of applicant)
BIO-DATA FOR TV TEAMS/JOURNALISTS	
1. FULL NAME(Surname)	(Given Name)
(Surface)	(Given indine)

2. NATIONALITY				
3. DATE OF BIRTH				
	(Day - month - year)			
4. PLACE OF BIRTH _				
	(City)	(State)	(Country)	
5. PASSPORT NO				
6. DATE OF ISSUE				
	(Day - month - year)			
7. PLACE OF ISSUE _				
9. VALIDITY OF PASS	SPORT			
	(Day - month	n - year)		
10. DETAILED PROFII	LE OF EACH TEAM N	MEMBER:		

## UNDERTAKING

With reference to my/our application to make a documentary film in India, I/We hereby undertake to abide by the regulations of the government of India governing the making of such films.

I/We agree to the attachment of a liaison officer appointed by the Ministry of External Affairs, Government of India, during the entire duration of filming in India and also agree to abide by his/her advice regarding the filming of any particular scene. I/We agree to meet the expenses for the travel and stay of the liaison officer concerned. It is understood that failure to abide by the liaison officer's advice regarding shooting of any particular scene may result in the immediate stoppage of any further filming and confiscation of the exposed film.

I/We agree that where archaeological monuments are concerned, we would furnish the application in the required proforma with script/synopsis of the objectivity and content of the film and further that the decision of the Archaeological Survey of India on the filming of such monuments would be final. I/We further agree that the team will follow the advice of the appropriate officers of the Archaeological Survey of India's office nearby or those on the spot, where so empowered by the appropriate officer.

I/We also undertake to show the film to a representative of the Government of India <u>at least two weeks</u> <u>before</u> final telecasting/ screening. I/We also agree to furnish in advance, a full translation in English of the commentary, and further agree to abide by such advice as may affect a balanced and accurate presentation of the theme of the film.

			SIGNATURE
NAME			
(SUI	RNAME)	(GIVEN NAME)	
DESIGNATION			
SEAL & STAMP:			
		ORM -IX	
APPLICATION FO		NG OPERATION AT E RULE –43)	PROTECTED MONUMENTS
1. Name of the applic	ant	, 	
	(Surname)	(0	Given Name)
City	State	Post Code	Tel. No
3. Name of the monur	ments at which the proposed	filming operation is to	be carried

Locality			
District	State _		
4. Part of the monument propo	sed to be filmed:		
5. Nature and purpose of the proposed to be filmed: (relevar furnished in triplicate).			
6. Number of persons in the ca	st		
7. Approximate duration and d			g operation:
I declare that the above inform Monuments and Archaeologica			e the provisions of the Ancient les made thereunder.
Seal of the Organisation			
Place			
Date			Signature of the applicant)
<b>NOTE:</b> If the application is on signature should be that of the			of should be given and the
	REQUEST FO	R SPECIAL PERMI	<u>r</u>
1. Name of Applicant	(Surname)	(Given Nar	me)
2. Father's Name	(Surname)	(Given Nan	ne)
3. Title: Mr./Mrs./Miss/Ms./Dr	:./Other	Score out those n	ot applicable.
4. Surname at Birth, if differen	t		
6. Place of Birth			(Day-Month-Year)
	vn/City)	(State)	(Country)

7. Present Nationality		_ Past Nationality (if differen	t)
ill which date past nationality was held		Reason for c	hange(Day-Month-Year)
8. Occupation			
9. Permanent Address	3		
City	State	Post Code	Tel. No
11. Mailing Address i	in India, if any		
City	State	Pin Code	Tel No
12. Reference in the c	country of applicant:		
	(Surname)	(Given Names)	
			Tel. No
13. Reference in India	a:		
	(Surname)	(Given Names)	
		Post Code	Tel. No
•		ned at	
•		Date of Expiry(Day	
15. Details of visa for	India if any obtained:		
Visa No	Iss	sued at	
Date of Issue(Day	y-Month-Year)	Date of Expiry(Day	/-Month-Year)
16. Place(s) proposed	to be visited		
17. Route intended to	be followed		
18. Purpose of visit _			
19. Likely date of vis	it	20. Likely duration of vi	sit(Day-Month-Year)
21. Is anyone accomp	panying the applicant? Ye	es/No (If 'yes' give details) _	(Day-Month-Tear)

22. Arrangements for travel and accommodation that may have been made
23. Details of previous visits to India
24. Has applicant previously visited any Restricted/Protected Area(s) in India? If so, please give details of place(s) visited and dates of visit(s)
25. Has any earlier request for permit(s) been refused? If so, please furnish details:
Certified that the information given above is correct and complete to the best of my knowledge.
Place
Date (Signature of applicant)

## Note:

- ${\bf 1.\ Three\ (3)\ passport\ size\ recent\ photographs\ should\ accompany\ this\ application.}$
- 2. It is essential that the application be lodged at least 12 weeks ahead of the proposed visit.