

# 6<sup>th</sup> Sailadhar Baruah Film Awards (NE) 2023

## ENTRY FORM

Title of the film :  
Title in English :  
Language of the film : Running time (Mins) :  
Year of production : Date ..... Month ..... Year.....

### PRODUCER`s CONTACT INFORMATION

Name :  
Address :  
Mobile : E-mail :

### DIRECTOR`s CONTACT INFORMATION

Name :  
Mobile : E-mail :

### PERFORMERS & PRODUCTION CREW (Name with mobile no.)

Lead Actor :  
Lead Actress :  
Music Director :  
Cinematographer :  
Sound Designer :  
Film Editor :  
Screenwriter :  
Art Director :

I hereby declare that all the information furnished above is true to the best of my knowledge.

Place : (Signature)

Date : (Seal)