



SAARC CULTURAL CENTRE
COLOMBO, SRI LANKA

www.saarcculture.org

SAARC FILM FESTIVAL

Participatory Programme – Democratic Socialist Republic of Sri Lanka

Annexure 2 - Participant Registration Form

(All fields must be completed, use additional paper if required.)

Category: (Please mark the relevant category)

- Official Nominee of (Name of the SAARC Member State)
- Other Participant of (Name of the SAARC Member State)
- Virtual Participant of (Name of the SAARC Member State)

Personal Details:

1. **Full Name** (as mentioned in the Passport with surname underlined):

2. **Nationality**

2.1 Host Country Participants (National ID No.):

2.2 International Participants (Country and Passport No.):

3. **Contact Information**

3.1 Postal Address:

3.2 Phone No:

Mobile No:

WhatsApp/Viber:

Email:

4. **Institute or Affiliation if Available:**

- a. Present designation:
- b. Name and address of the institute:
- c. Name, designation, email and phone number(s) of the Head of the institute:

Place:

Signature:

Date:

Full Name: