

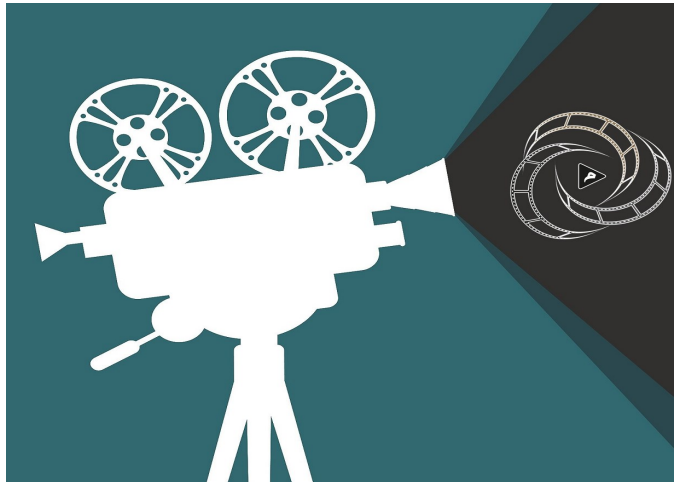


CENTRAL LEPROSY TEACHING & RESEARCH INSTITUTE
CHENGALPATTU - 603 001, TAMIL NADU
MINISTRY OF HEALTH & FAMILY WELFARE, GOVT. OF INDIA



SHORT FILM COMPETITION

ANTI LEPROSY DAY & FORTNIGHT SPARSH LEPROSY AWARENESS CAMPAIGN 2024



THEME

Leprosy – Ending Stigma, Embracing Dignity

- The competition is open to everyone and a team can have 3 participants (excluding actors)
- There is no entry fee for this competition
- The medium of the film may be in Tamil / English / Hindi – preferably with subtitles in English
- The total duration of the short film may be a minimum of 4 minutes to maximum of 7 minutes
- The content or dialogue should not be against the government or policies or any political nature and the same should not depict any obscenity and in compliance with the judgement (Writ Petition (Civil) 767 of 2014) of Hon'ble Supreme Court of India.
- All content of the film must be either original or licensed.
- The registration form can be downloaded from <https://www.cltri.gov.in>
- CLTRI reserves the right to copy or use the material submitted by the participants in any form for educational purposes.
- The participants have to register in the competition and the last date is **31.01.2024**
- The last date for submission of short film is **10.02.2024**.
- The short film can be submitted in a CD / DVD / Pen drive / links (to be given) and the format should be compatible with popularly used media players.
- The film must be of highest quality possible
- The short film will be screened as part of "ANTI - LEPROSY FORTNIGHT – 2024" celebrations and will be judged by eminent personalities.
- Decision of the judges is final and binding

1st Prize	₹ 5000
2nd Prize	₹ 3000
3rd Prize	₹ 2000

ALL PARTICIPANTS WILL BE GIVEN CERTIFICATE

For further details visit <https://www.cltri.gov.in>



**CENTRAL LEPROSY TEACHING & RESEARCH INSTITUTE [CLT&RI],
CHENGALPATTU, TAMIL NADU
[Ministry of Health & Family Welfare, Govt. of India]**



REGISTRATION FORM FOR SHORT FILM COMPETITION

1. Name of the Participants:

i)

ii)

iii)

2. Course & Year of Study:

3. Name of the Institution with address:

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4. Contact Number:

5. Email ID:

Signature of Participants

Signature of Head of Department

Note: Please scan the completed document and sent to sathishva@yahoo.com