



SHISHU KISHORE AKADEMI
INFORMATION & CULTURAL AFFAIRS DEPARTMENT
GOVERNMENT OF WEST BENGAL

Presents



11th Kolkata International Children's Film Festival

stamp size
colour photo

Name: _____

Name of Guardian: _____

Complete Address: _____

Name of School: _____

Class: _____ Age (as on 01.01.25): _____

Contact No.: _____

e-mail address: _____

Enclose:

- 1) Photocopy of age proof
- 2) 2 stamp size colour photographs duly signed in the back



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