

# Entry Form

**KERALA STATE AWARDS FOR  
TELEVISION PROGRAMMES 2024**

**NON FICTION**



**Kerala State Chalachitra Academy**  
Sathyan Memorial Building, Kinfra Film &  
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**അപേക്ഷ ലഭിക്കേണ്ട അവസാന തീയതി 2025 ജൂലൈ 15**

**DEADLINE FOR SUBMITTING THE ENTRY FORM: ON OR BEFORE 15<sup>TH</sup> JULY 2025**

ശീർഷകം (മലയാളത്തിൽ) : .....

Title (In English) : .....

- Category: ☐ Documentary (General) ☐ Presenter of News  
☐ Documentary (Science & Environment) ☐ Compere/Anchor  
☐ Documentary (Biography) ☐ Anchor/Interviewer  
☐ Documentary (Women & Children) (Current Affairs)  
☐ Anchor/Educational Programme ☐ Educational Programme  
☐ Commentator ☐ Programme for Children  
☐ Investigative Journalist ☐ TV Show (Current Affairs)  
☐ News Cameraperson

Format: ☐ MOV ☐ MP4 ☐ H264 Codec (In a Pendrive/Harddisk)

Duration of the programme : .....Minutes .....

Name of the Channel Telecast: .....

Telecast Date & Censor Certificate Number: .....

UTR Number (Entry fee): .....

**Name, Address, Telephone Number, E-mail of the following**

Producer : .....

.....



Director : .....  
.....  
Commentator : .....  
(Out of Vision)  
Compere/Anchor : .....  
News Presenter : .....  
News Cameraperson : .....  
Anchor/Interviewer : .....  
Investigative Journalist : .....

I have read the regulations of the Kerala State Awards for Television Programmes 2024 and accept them.

Place :

Date :

**Name and Signature of the Director/Producer**

I hereby agree that Kerala State Chalachitra Academy on behalf of the Government of Kerala shall be entitled to exhibit this Tele Serial/Tele film at a Festival of Television programmes organised by the Academy, admission to which may be regulated by a nominal fee or without any payment to me. I also agree to give the Hard drive/Pendrive of the programme at material cost in the event of its receiving an award for archival purpose.

I certify that this programme was not entered for the State Television Award in any previous year and not have been telecasted in any other channel before 2024.

Place :

Date :

**Name and Signature of the Director/Producer**

**Application incomplete in any respect will be rejected**

അപൂർണ്ണമായ അപേക്ഷകൾ നിരുപാധികം നിരസിക്കുന്നതാണ്.