**ENTRY FORM**

NSACS Online Photography Competition

#### #PhotographersAgainstAIDS

Please note: All the sections in this form are mandatory. Please fill in capital letters only.

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| --- |
| Name of the Photographer : |
| Thematic area covered : |
| Photograph format: |
| Camera /lens details: |
| Image Size: |
| Caption/description of the photograph: |
| Date of Submission : |
| Consent Form enclosed (Yes/no) : |
| Title of the Photograph: |
| Brief Synopsis/description on the concept (photograph): |
| Bio Data enclosed(Yes/No) |

**Declaration:**

1. I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this entry form proves to be false or incorrect, I shall b e responsible for the consequences.
2. I also declare that if any information provided by me is found false, my submission may be rejected at any point of time.
3. I also declare that upon selection of the photograph in any category, the same will become absolute property of NSACS. The photographer shall have no rights to use it in any other manner, directly for himself/herself or for any other person or agency.
4. The content of the photograph should not be anti-NSACS in any form.
5. I am also aware that mere submitting my photograph under the photography competition does not guarantee me an award or monetary benefit of any kind.
6. I hereby confirm that I have taken written consent of the model (s) used in the photo for any/all promotional activities in order to raise awareness about the thematic area. Any dispute raised at any stage in the future shall be taken to concerned court.
7. If selected, I will supply/furnish a high-resolution image/photograph suitable for printing or publication.
8. I also declare that the submitted photo is original and does not violate any provision of the Indian copyright Act, 1957. The conceptualization is original and any violation of this rule will lead me to disqualification from the competition.

Name:

Signature:

Place:

Date:

Contact no:

Address:

(Signature of Applicant)