



**7<sup>TH</sup> DELHI INTERNATIONAL FILM FESTIVAL 2018**

In association with New Delhi Municipal Council (NDMC)  
13-18 OCTOBER AT NDMC CONVENTION CENTRAL AND CENTRAL PARK, CONNAUGHT PLACE, NEW DELHI

**VOLUNTEER FORM**

**REGISTRATION FROM: 1ST JANUARY, 2018**

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ OTHER \_\_\_\_\_

EDUCATIONAL QUALIFICATION \_\_\_\_\_

IF STUDENT, COLLEGE \_\_\_\_\_ COURSE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT NO. \_\_\_\_\_ EMAIL \_\_\_\_\_

PHOTOGRAPH \_\_\_\_\_

WORK/VOLUNTEER EXPERIENCE IF ANY \_\_\_\_\_

REFERENCE \_\_\_\_\_

**(Please provide name and address of at least one person you have worked with or studied under)**

FULL NAME \_\_\_\_\_ ADD \_\_\_\_\_

TEL NO. \_\_\_\_\_ Email \_\_\_\_\_

**Terms and Conditions:**

1. Membership registration form can be submitted by mail or courier at the festival office during office hours only.
2. Once joining, the volunteers have to attend office until one month after conclusion of the festival.
3. A Certificate of Appreciation will be awarded to volunteers who successfully complete their tenure.

**Declaration:**

I hereby declare that the information furnished by me is correct and nothing has been concealed. I further declare that I have not indulged in any unlawful activity. I ACCEPT the above mentioned terms & conditions.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**For Enquires contact:**

+91-9999651680, 8802429190, Office: 011-41641787

**MAILING ADDRESS:**

**FESTIVAL OFFICE: E-294, East of Kailash, Near Kailash Colony Metro Station, New Delhi-110065**

Ph. +91-9999651680, 011-41641787

Email: [7diff2018@gmail.com](mailto:7diff2018@gmail.com), [info@delhiinternationalfilmfestival.com](mailto:info@delhiinternationalfilmfestival.com)

Website: [www.delhiinternationalfilmfestival.com](http://www.delhiinternationalfilmfestival.com)