



VIGYAN PRASAR

AUDIO-VISUAL LIBRARY

TAPE SUBMISSION FORM

DATE OF SUBMISSION: _____ SUBMITTED BY: _____ Audio-Visual / Audio TAPE No. _____

TITLE OF SERIES / PROGRAMME: _____ SUBTITLE (if any): _____

SUBJECT / THEME: _____ PROGRAMME GENERA (Please tick): Fiction / Non-Fiction

LANGUAGE: _____ DURATION: _____ YEAR OF PRODUCTION: _____ PRODUCTION AGENCY _____

Director: _____ Company: _____ Mobile no.: _____ Address: _____

FORMAT TYPE: DG Beta Beta DVC Pro VCD DVD Others (please specify) _____

PROGRAMME FORMAT: Documentary Docudrama Discussion Speech Event Interview Music

Quiz Film Activity Based Others (please specify) _____

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REMARKS: _____

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DETAILS OF TAPES:

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