



ASSIGNMENT REGISTRATION FORM

Date: _____

Hon. Secretary General
Indian Film & Television Directors' Association
Mumbai – 400 053

Dear Sir,

I request you to register my **Assignment** with the following details, which are true to the best of my knowledge. A copy of the Assignment Registration may please be sent to the Producer for confirmation.

TITLE OF FILM / TV SERIAL: _____

NAME OF BANNER: _____

NAME OF PRODUCER: _____

ADDRESS: _____

TEL NO. (MOBILE) _____ (O) _____ (EMAIL) _____

REMUNERATION: _____

AGREEMENT: YES / NO / SIGNED BUT ORIGINAL WITH THE PRODUCER

TERMS OF EMPLOYMENT: CONTRACT MONTHLY SALARY
 DAILY WAGES NOT YET SETTLED

DIRECTION DEPARTMENT: _____

OTHER KEY MEMBERS OF THE TEAM: _____

AT WHAT STAGE YOU JOINED: _____

WHETHER **NOC** OF THE OUTGOING DIRECTOR TAKEN: YES / NO

ANY OTHER DETAIL: _____

MEMBER'S SIGNATURE

NAME: _____ MEMBERSHIP NO. : _____

CONTACT NOS. : _____ EMAIL: _____

ADDRESS: _____

Kindly Note:

IF THERE IS NO AGREEMENT, WAGES FIXED BY FWICE WILL BE APPLICABLE

Encl.: Copy of the Agreement / NOC