



LBS Centre for Science and Technology
Nandavanam, Palayam, Vikas Bhavan P.O.Thiruvananthapuram
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(Photo)

APPLICATION FORM
(Special Training Program)

Course Name:			
Centre opted:		Duration:	
Name			
Sex	Male/Female	Age:	
Date of Birth			
Educational Qualification			
Department/Institution			
Designation			
Office Address			
Office Phone Number			
Residential Address			
Mobile Number/Phone Number			
Session opted	7.30-10 am	10-12.30 pm	2-4.30 pm
	Other preference, if any		

Declaration

I hereby agree that I shall abide the rules and regulations of the above said course and certify that the details furnished above are true.

Date & Place:

Signature of Applicant

Countersigned and recommended by

<u>For Office use only</u>
