## **AMTC LMS REGISTRATION FORM**

1. PERSONAL DETAILS			
Full Name	Date of Birth (dd/mm/yy)		
Staff No	Staff No Organization Place of Birth (City / Country)		
Address			
2. WHICH MODULES DO YOU WANT TO STUDY?			
MODULE	CATEGORY	MODULE	CATERGORY
3. SUBMISSION INSTRUCTIONS			
<ol> <li>LMS Registration Form</li> <li>Fee deposited slip (Rs. 500/Module in AMTC HBL Account No. 06227901292403)</li> <li>Face photo</li> </ol> Terms and Conditions <ol> <li>User id and password will be delivered through email.</li> <li>LMS id is valid for 45 days.</li> <li>User id cannot be transferred to unauthorized users.</li> <li>AMTC reserves the rights to block user account any time that violates the terms and conditions.</li> </ol>			
Date:			Applicant Signature
Approved / Not App	roved		
Date:		Tra	aining Manager Sign/Stamp
For office use only:			
Payment verified Rs: LMS ID Created by:			