



AMTC LMS REGISTRATION FORM

1. PERSONAL DETAILS

Full Name _____ Date of Birth (dd/mm/yy) _____

Staff No _____ Organization _____ Place of Birth (City / Country) _____

Address _____

Mobile Number _____ Email address _____

2. WHICH MODULES DO YOU WANT TO STUDY?

MODULE	CATEGORY	MODULE	CATEGORY

3. SUBMISSION INSTRUCTIONS

Email us at register@amtc.edu.pk with following:

1. LMS Registration Form
2. Fee deposited slip (Rs. 500/Module in Bank Al-Habib Account No. 13720072015357027)
3. Face photo

Terms and Conditions

1. User id and password will be delivered through email.
2. LMS id is valid for 45 days.
3. User id cannot be transferred to unauthorized users.
4. AMTC reserves the rights to block user account any time that violates the terms and conditions.

Date:

Applicant Signature

Approved / Not Approved

Date:

Training Manager Sign/Stamp

For office use only:

Payment verified Rs: _____

LMS ID Created by: _____