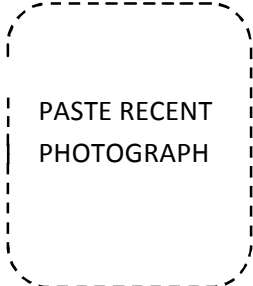




**LAL BAHADUR SHASTRI  
INSTITUTE OF TECHNOLOGY & MANAGEMENT, INDORE  
APPLICATION FORM FOR SHORT-TERM PROGRAM**



i) Name of the program: .....

ii) Duration of Program: .....

1. Name : Mr./Ms .....

(As given in 10<sup>th</sup> Class Certificate)

2. Date of Birth: ..... 3. Sex: Male  Female

4. Mailing Address:.....

.....

.....Pin:  Landline Phone:.....

Mobile : ..... E-mail.....

**5. Work Experience :**

SNO	Organization	Designation	From	To	Duration in year
1					
2					
3					
4					

**Please use additional sheet if required**

6. Fees may be deposited through DD/Cheque at PAR / NEFT in favour of “LAL BAHADUR SHASTRI INSTITUTE OF TECHNOLOGY & MANAGEMENT”, Payable at INDORE (M.P.), in the following account:

- a. NAME OF BANK :SYNDICATE BANK
- c. ACCOUNT NO: 78082010003575
- e. AMOUNT INR: .....

- b. BRANCH: Sai Kripa Colony, Indore
- d. IFSC CODE: SYNB0007808

Date:...../...../.....

Signature of Applicant:.....

Place: .....