

Ref. No.

JD

Application Form

For Training

Affix your
Passport Size
Photo

Name of the Candidate :

Date of Birth & Age :

Gender : Male Female

Educational Qualification :

Technical Qualification :

Total Years of work Experience : Years

Experience in Auto Electrical : Years

Physical Disability : Yes No If any, Pls give details

Contact Nos. : Mobile :

Landline (Res)

Company Name :

Company Address
with Contact Nos
& E mail ID :

Name & Signature of the
Approval Officer :

Courses Selected : 1.
2.

Dates Preferred :

Signature of the Candidate

For Office Use only (Lucas-TVS)

Date Received at LTVS	Confirmation Date to the Candidate	Attended <input type="checkbox"/> Yes or <input type="checkbox"/> No	Feedback of the Participant
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