		Training	Registrati	on Form		LMW _®
Name						
Designation						
Company						
Address						
Phone No						
E-Mail Address						
Signature						
Please enroll the f	following personne	l for the course i	indicated:			
SI.No.		Nominees		Dept./ Designation		
1						
2						
3						
4						
Machine bed No.						
Course Selection :			CNCL-p	VMC-p	CNC M/c-m (F	anur)
Dates :			оног р	тип р	and my a m (i	
*(Please tick required cou * Refer sheet 1 for schedu						
Course Fee :			Complementry *	:		
Paid*				Cha	rges Rs. 6000/-pl	us tax
Payment mode		Payment in advance by VV/Cheque in tavour of Lakshmi Machine Works Ltd., payable at Coimbatore.				
Cheque / Draft data :						
Duration:						
*Duration of all the courses will be 3 days.						
*Course starts at 1	0.00AM and ends at	4.00PM.				
Eligibility:						
ITI (Machinist), Diploma/B.E (Engineering), Personnels with Basic CNC machining exposure are also eligible for this program.						
Hotel Accommodation			Yes	No	Preffered p	rice (if any)
Assistance request						
Transport						
Note : On the firs	t day of the training	they will have ma	ke their own arr	angements to com	e to our factory.	#-Refer sheet2
Contact us :						
Lakshmi Machine \	Works Ltd., Machin	e Tool Division, A	vinashi Road, Ar	asur, Coimbatore	- 641 407.	
Telephone Nos:		0422-7191344	0422-7191307	Hand phone: +91	9345462670	7397766135
Website		www.lmwcnc	.com			
E-mail :		mathu.k@lmw.co.in saravana.s@lmw.co.in				
Follow us		www.facebook.com/lmwcnc_				
		www.in.linkedin.com/company/lakshmimachineworksltd -machinetooldi				
Terms and conditions:						
	or customers who avail tr				vo persons/Machine)	
* Training registration should be done at least 10 days before the Start Date of the Training Program . * Training programs are liable to cancel when registration are less.In such cases.participants will be informed 3 to 4 days in advance.						