

LENSIGHT

Annual Subscription Form

Name (In capitals): _____

Age : _____ Sex : _____

Address(incapitals): _____

Pincode: _____

Email _____

Telephone : _____ Cell No : _____

Payment Details:

DD* No. : _____ Date : _____ Amount Rs.600/-

Bank : _____

*Payment only by Demand Draft drawn in favour of 'Accounts Officer, FTII' payable at Pune.

Lensight Periodical
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Law College Road, Pune-411004