

*Lensight*  
*Annual Subscription Form*

Name (in capital) : \_\_\_\_\_

Age : \_\_\_\_\_

Sex : \_\_\_\_\_

Address (in capital) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pincode : \_\_\_\_\_

Email : \_\_\_\_\_

Telephone : \_\_\_\_\_ Cell No. : \_\_\_\_\_

Payment Details :

DD\* No. : \_\_\_\_\_ Date : \_\_\_\_\_ Amount : Rs. \_\_\_\_\_

Bank: \_\_\_\_\_

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

Lensight Periodical,  
Film and Television Institute of India,  
Law College Road, Pune 411004.