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**NOMINATION FORM**

|  |  |
| --- | --- |
| **Programme Name:** | Click here to enter text. |
| **Programme Dates:** | **From** | Click here to enter a date. | **To** | Click here to enter a date. |
| **Name of the Company:** | Click here to enter text. |
| **Company Mailing Address:** | Click here to enter text. |
| Click here to enter text. |
| **Company Tel/Fax Nos. with ISD/Area Code:** | Click here to enter text. | **Fax Nos.:** | Click here to enter text. |
| **Company Email ID:** | Click here to enter text. |
| **Full Name:** | **Mr./Ms.** | **First Name** | **Middle Name** | **Last Name** |
| **Position held:** | Click here to enter text. |
| **Date of Birth:** | Click here to enter a date. | **Nationality:** | Click here to enter text. |
| **Passport No.:** | Click here to enter text. | **Date & Place of Issue:** | Click here to enter text. | **Valid up to** | Click here to enter a date. |
| **Tel. /Mob. No. with ISD and Area Code:** | Click here to enter text. | **E-mail Id:** | Click here to enter text. |
| **Emergency Contact Person Name & Tel No.** **with ISD and Area Code:** | Click here to enter text. |
| **Qualifications (a) Academic:** | Click here to enter text. | **(b) Professional:** | Click here to enter text. |
| **No. of years’ experience in Insurance, present role and functions in brief:** |
| Click here to enter text. |
| Click here to enter text. |
| **Details of Technical Programmes attended so far:** Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| **Any Adverse Medical History:** |
| 1. **Heart**
 | Click here to enter text. |
| **b)** **Diabetes** | Click here to enter text. |
| **c) Kidney** | Click here to enter text. |
| **d) Asthma** | Click here to enter text. |
| **e) Any other** | Click here to enter text. |
| **PROGRAMME FEE PAYMENT DETAILS** |
| **Bank transfer details:** | Click here to enter text. | **Fee Amount:** | Click here to enter text. |
| **Bank Name:** | Click here to enter text. |
| **TENTATIVE TRAVEL PLAN *(only for overseas participants)*** |
| **Date** | **Flight No.** | **From** | **Departure Time** | **To** | **Arrival Time** |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Signature of the Nominee Signature & Seal of the Nominating Authority**