## NATIONAL INSURANCE ACADEMY Balewadi, Baner Road, NIA P.O., Pune - 411 045, India

Balewadi, Baner Road, NIA P.O., Pune - 411 045, India
Tel: 91 - 020 - 7292382-83, Fax: 91 - 020 - 7292392, E-mail: niapune@vsnl.com

## **NOMINATION FORM**

(to be typed or written in CAPITAL letters)

Name of the Programme								
Dates								
A)	Sponsoring Organisation							
1)	Name of the Company	:						
2)	Full Mailing Address	:						
3)	Telephone Nos.	:						
4)	Fax Nos.	:						
5)	E-mail	:						
В)	Nominee							
1.	Full Name (Mr. / Mrs. / Miss. )	:						
2.	Position held	:						
3.	Date of Birth	:						
4.	Birth Place	:	DD	MM	YY			
5.	Nationality	:						
6.	Father's Name	:						
7.	Passport Details							
	Passport No.	:						
	Date & Place of Issue	:						
	Valid upto	:						
8.	Whether previously visited India?	:						
	If Yes, date and place of previous visit	:						
9.	Residence Address	:						
	Telephone No.	:						
	E-mail	:						

	(b) Professional	:							
11.	No. of years Experience in In	surance, presen	t duties and functions i	n brief :					
12.	Areas of present and past ex	posure in Life / N	Ion-l ife Insurance :						
12. Areas of present and past exposure in Life / Non-Life Insurance :  Life Insurance :									
	a) Product Development	•							
	b) Underwriting	:							
	c) Marketing	•							
	d) Pensions	•							
	e) Health Insurance	:							
Nor	n-Life (General Insurance) :								
	a) Fire	:							
	b) Marine	:							
	c) Motor	:							
	d) Miscellaneous	:							
13.	Details of Technical Program	nmes attended so	o far :						
C)	Programme Fee Particu	ılars :							
Bar	ank Draft No.: Amount US\$								
Nar	ne of the Bank & Place :								
D)	Tentative Travel plan of the Nominee								
	Date Flight No.	From	Departure Time	To	Arrival Time				
1)									
2)									
3)									
4)									

10. Qualifications (a) Academic