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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. | |
| 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. | |

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