



----- RESPONSE FORM -----

Insurance Foundation of India

(A not for profit organization under Trust Registration Act, 1882)

Ms. Shveta Kaushal

Programme Coordinator

Insurance Foundation of India

Om Plaza, 430/7, 1st Floor, Sant Nagar, East of Kailash, New Delhi - 110065

Mob: 7678689961/ 9015406030, Phone: 011- 46581577

Email: vp@ifingo.org, Website: www.ifingo.org

2 Days Extensive International Training Programme

on

“Crop Insurance”

Date: Monday, Tuesday 19, 20 November 2018

Venue: PHD House, (from 09:30 A.M.)

4/2, Siri Institutional Area, August Kranti Marg
New Delhi- 110016

Delegate Fee –

- Individual participant fee: **Rs. 8000**
- Group Participation fee (Team of 3 persons and above): **Rs. 7500 each**
- Group Participation fee (Team of 5 persons and above): **Rs. 7000 each**

I/ we shall participate in the above mentioned training programme. **Name(s) & Designation(s)** are as

SNo	Name	Designation	E-mail	Mobile
1.				
2.				
3.				
4.				
5.				
6.				

Organization: _____

Address: _____

The Cheque/Demand Draft No _____ for Rs. _____ drawn in favor of
‘Insurance Foundation of India’ payable at New Delhi is enclosed.

Bank Transfer can be sent to:

Beneficiary :- Insurance Foundation of India

Bank Name :- Bank of Baroda

Bank Address :- East of Kailash Branch, East of Kailash, New Delhi - 110065

Bank Account No :- - 09630100010847

IFSC Code/ NEFT Code :- BARBOKAIDEL (fifth character is zero)

Swift Code :- BARBINBBNND

(SIGNATURE)