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| -------------------**RESPONSE FORM** ------------------- **Insurance Foundation of India** (A not for profit organization under Trust Registration Act, 1882)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Mr. Anirudh Katiyar**  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  **Full Day Training Programme** on **“Emerging Risks & Liability Insurance”**  Fri, 06 Jan 2023 **Time:** 09:30 AM to 05.30 PM  **Venue:** Muse Sarovar Portico, A-1-Chirag Enclave, Near Nehru Place,  New Delhi - 110048 (Nearest Metro station - Nehru Enclave)  **Delegate Fee –**   * Individual participant fee:  **Rs. 4500/-** * Group participation fee (team of 3 persons and above): **Rs. 4250/-each** * Group participation fee (team of 5 persons and above):  **Rs. 4000**/-**each**   I/ we shall participate in the above mentioned training programme. **Name(s) & Designation(s) are as**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **S.No** | **Name** | **Designation** | **E-mail** | **Mobile** | | **1.** |  |  |  |  | | **2.** |  |  |  |  | | **3.** |  |  |  |  | | **4.** |  |  |  |  | | **5.** |  |  |  |  |   Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The Cheque/ Demand Draft No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ drawn in favor of **‘Insurance Foundation of India’** payable at New Delhi is enclosed.  **Please send NEFT payments 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 :-** BARB0KAIDEL (fifth character is zero)  **Swift Code :-** BARBINBBNND ***(SIGNATURE)*** | |