

# COLLEGE OF INSURANCE, MUMBAI

## Nomination Form

1) Programme Name: \_\_\_\_\_

2) Programme Period: \_\_\_\_\_

3) Participant Name: \_\_\_\_\_

4) Address: \_\_\_\_\_  
\_\_\_\_\_

5) Educational Qualification: \_\_\_\_\_

6) Date of Birth: \_\_\_\_\_

7) Position Held: \_\_\_\_\_

8) Mobile No. : \_\_\_\_\_

9) Phone No.: \_\_\_\_\_

10) Fax No. : \_\_\_\_\_

11) E-Mail: \_\_\_\_\_

12) Sponsoring Organization: \_\_\_\_\_

13) Requirement of Hostel Facility:  Yes  No

14) Food preference:  Vegetarian  Non-Vegetarian

15) Details of Fee Paid: Cheque / D.D. No. \_\_\_\_\_ dt. \_\_\_\_\_ drawn on  
\_\_\_\_\_ Bank, for Rs. \_\_\_\_\_

Please affix  
your  
photograph  
here

\_\_\_\_\_  
Signature & seal of the authority  
of the Sponsoring organisation

\_\_\_\_\_  
Signature of the Participant

\*Name of Co-ordinator: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Email-Id.: \_\_\_\_\_

Company Name: \_\_\_\_\_

\*This column is mandatory for those participants who are sponsored by company.