



# INDIAN INSTITUTE OF INSURANCE SURVEYORS & LOSS ASSESSORS

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DELEGATE REGISTRATION FORM FOR TECHNICAL TRAINING / WORKSHOP / SEMINAR									
Place of technical training/ workshop/ seminar to be attended								Affix Latest Photograph	
Date of Programme									
<b>TO BE FILLED IN CAPITAL LETTER</b>									
NAME OF DELEGATE									
ADDRESS OF DELEGATE									
SURVEYOR LICENCE NO						VALIDITY			
IIISLA MEMBERSHIP NO									
DISCIPLINE TECHNICAL TRAINING / WORKSHOP / SEMINAR			Tick Mark <input checked="" type="checkbox"/>		Motor		Non Motor		
CONTACT DETAILS			Tel/Mob. No			Mob. No.			
E-Mail ID									
DELEGATE FEE			Rs						
Mode of Delegate Fee Payment			Tick Mark <input checked="" type="checkbox"/>		Cash		Cheque		Demand Draft
<b>IF payment is through cheque - Details of cheque</b>									
Cheque No		Cheque Date		Drawn On (Bank Name)					
<b>IF payment is through demand draft - Details of draft</b>									
Draft No		Draft Date		Drawn On (Bank Name)					
Place									
Date		Signature of Delegate							