



# Indian Institute of Insurance Surveyors & Loss Assessors

Promoted by IRDA - Govt of India

Regd. Office : 5th Floor, Parishrama Bhawan, Basheer Bagh, Hyderabad

Admn Office: Door No.3-5-890, Flat No 315, Paras Chambers, Himayath Nagar, Hyderabad (TS)

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To

All IIISLA Members,

Chapters under East Zone of IIISLA are organizing training programs/workshops for the IIISLA members at regular intervals to keep them update of technical developments in various disciplines of insurance survey & loss assessment, including latest developments in the insurance industry as a part of commitment for continuous professional development.

In this chain **BONGAIGAON UNIT, UNDER North East CHAPTER** is organizing a **one day non residential seminar program** in “**MISCELLANEOUS**” department on **28-11-2015** at **HOTEL KANISHKA, T R PHUKAN ROAD, BONGAIGAON - 783380, ASSAM.**

## Objective of Programme

To promote quality in profession of surveyors and loss assessors through education, training, seminar and to facilitate introduction of best practices amongst its members.

## TOPICS: MISCELLANEOUS

- **FIRE & BURGLARY PERILS UNDER SKI POLICY** under the background of **PACKAGE POLICIES** in **MACRO/MICRO** environmental level aspect.

**RESOURCE PERSON:** SHRI ANABIL BHATTACHARYA, Chief Manager cum Central Public Information Officer, National Insurance Co. Ltd, HO, Kolkata with support from SHRI NIKHIL BHOWMICK, retired officer, NICL, Guwahati.

**Shri Bhattacharya is Subject Expert Committee Member & Fellow of Insurance Institute of India (F.I.I.I.), Mumbai, Life Member of Indian Insurance Society, Kolkata, Member, Fraud Detection Committee, General insurance Council, Mumbai.**

## VENUE:

**HOTEL KANISHKA, T R PHUKAN ROAD, BONGAIGAON - 783380, ASSAM**

## TIMINGS:

**8:30 AM to 4:30 PM**

**NO OF SEATS: 75**

**REGN. FEE: Rs. 1500.00 (Rupees One Thousand Five Hundred) only.**

## **Registration**

For registration the interested members should send duly completed registration form along with the registration fee (NEFT payment slip) on or before 20.11. 2015 to the following Conveners of the program

| <b>Name of Convener</b>      | <b>Mobile No</b>  | <b>Email Id</b>  | <b>Address</b>  |
|------------------------------|-------------------|--|---|
| <b>Mr. Achinta Gayan</b>     | <b>9435020768</b> | <a href="mailto:achinta1@rediffmail.com">achinta1@rediffmail.com</a> | Gayan's Villa, M M Singha Road<br>Barpara, Bongaigaon - 783380  |
| <b>Mr. Iftikul Rasul</b>     | <b>9435020075</b> | <a href="mailto:iftikul@gmail.com">iftikul@gmail.com</a>             | Namghar Road, Near Jyoti<br>Sangha, Barpara, Bongaigaon         |
| <b>Mr. Sadashib Nath Sen</b> | <b>9435020087</b> | <a href="mailto:sadashib.sen@gmail.com">sadashib.sen@gmail.com</a>   | C/O Adhikary Motor Works,<br>Dhailgaon, Chirang, BTAD,<br>Assam |

## **Mode of Payments:**

1. The Registration Fee should be paid by DD only drawn in favour of "IISLA, North East Chapter" Payable at Hyderabad.
2. By NEFT:  
A/C No: 915010029740608, IFS Code: UTIB0000030, MICR No: 500211004

## **General**

1. There shall be No spot registration.
2. Certificate of participation will be issued to all participants. (Subject to approval of designated observer from Zone)
3. Cancellation and refund are not permitted.
4. Registration will be on first come first serve basis.

## **Reporting**

The delegate should report at venue on 28-11-2015 at 8.00 A.M.  
In case of any hotel accommodation required please contact: -

| <b>Name of Convener</b>       | <b>Mobile No</b>  | <b>Email Id</b>  |
|-------------------------------|-------------------|--|
| <b>Mr. Chittranjan Sarkar</b> | <b>9435021258</b> | <a href="mailto:sarkar_chittaranjan@rediffmail.com">sarkar_chittaranjan@rediffmail.com</a> |
| <b>Mr. Gopi Saha</b>          | <b>9435020016</b> | <a href="mailto:gopi.bngn@gmail.com">gopi.bngn@gmail.com</a>                               |

D C DAS  
CHAIRMAN  
IISLA , NE CHAPTER

ACHINTA GAYAN,  
UNIT COORDINATOR  
IISLA, BONGAIGAON UNIT.

Encl: Registration Form



# INDIAN INSTITUTE OF INSURANCE SURVEYORS & LOSS ASSESSORS

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Admin Office :-315, Paras Chambers, D.No.-3-5-890, Himayath Nagar, Hyderabad-500029 (T.S.) Website:- www.iiisla.co.in

Telephone- 040-66253666, 040-23261072, 040-23261073. email : admin@iiisla.co.in, iiisla.ad2013@gmail.com

| DELEGATE REGISTRATION FORM FOR TECHNICAL TRAINING / WORKSHOP / SEMINAR |  |   |  |   |                                       |
|--|--|---|--|---|---------------------------------------|
| Place of technical training/ workshop/ seminar to be attended          |  |   |  | HOTEL KANISHKA, T R PHUKAN ROAD, BONGAIGAON - 783380, ASSAM |                                       |
| Programme on   |  |   |  | MISCELLANEOUS Department                                    |                                       |
| Date of Programme  |  |   |  | 28-11-2015  |                                       |
| TO BE FILLED IN CAPITAL LETTER   |  |   |  |   |                                       |
| 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 <input type="checkbox"/>           | Non Motor <input type="checkbox"/>                          |                                       |
| CONTACT DETAILS  |  | Tel/Mob. No                                   |  | Mob. No.  |                                       |
| E-Mail ID  |  |   |  |   |                                       |
| DELEGATE FEE   |  | Rs  | 1500.00 (One Thousand Five Hundred only) |   |                                       |
| Mode of Delegate Fee Payment   |  | Tick Mark <input checked="" type="checkbox"/> | Cash <input type="checkbox"/>            | Cheque <input type="checkbox"/>                             | Demand Draft <input type="checkbox"/> |
| IF payment is through cheque - Details of cheque                       |  |   |  |   |                                       |
| Cheque No  |  | Cheque Date                                   |  | Drawn On (Bank Name)  |                                       |
| IF payment is through demand draft - Details of draft                  |  |   |  |   |                                       |
| Draft No   |  | Draft Date                                    |  | Drawn On (Bank Name)  |                                       |
| Place<br>Date  |  | Signature of Delegate                         |  |   |                                       |