

VENUE & TIMINGS

Hotel East Bourne

Khalini Shimla

171002.

Arrival on 14.01.2016 at 2:00PM

15th to 16th January 2016, 9:00AM to 6:00PM

17th January 2016 Departure at 11:00AM

Details	Motor	Fire
Total Seats	100	50
Fee in Rs Single occupancy	9000.00	9000.00
Fee in Rs (For Family)	18000.00	18000.00

Registration

For registration the interested members should send duly completed registration form along with the Registration Fee to the following Conveners of the program before **29-12-2015**.

Name of	Mobile No	Email Id	Address
Mr. Mohinder Kumar Sharma	9418000874	mksurveyor45@gmail.com	H.No.11/7, Samkhetar Bazar Mandi H.P.
Mr. Dinesh Kumar Gupta	9418010391	dinesh_dkassociates@yahoo.c om	3, Red Cliff Bawa Estate Shimla. H.P. 171003

The Registration Fee should be paid by Cash ,Cheque or DD drawn in favour of **IIISLA- Himachal** payable at Par/ Hyderabad on first come first serve basis.

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 IIISLA)
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 14.01.2016 at 2:00P.M.

Sharp. In case of any clarification please contact: -

Name of Convener	Mobile No	Email Id
Mr. Mohinder Kumar Sharma	9418000874	mksurveyor45@gmail.com
Mr. Dinesh Kumar Gupta	9418010391	Dinesh_dkassociates@yahoo.com

Mr. Dinesh Kumar Gupta
Chairman Himachal Chapter

Mr. Mohinder Kumar Sharma
Vice Chairman North Zone



INDIAN INSTITUTE OF INSURANCE SURVEYORS & LOSS ASSESSORS

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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 East Bourne, Khalini Shimla 171002.			Affix Latest Photograph
Date of Programme		14-01-2016 to 17-01-2016			
Programme on		Motor & Fire			
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					
(Please Tick Appropriate Box)					
DELEGATE FEE (RESIDENTIAL)		Rs 9000.00 (Nine Thousand only)			
DELEGATE FEE (FOR-FAMILY)		Rs 18000.00 (Eighteen Thousand 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 (BankName)	
IF payment is through demand draft - Details of draft					
Draft No		Draft Date		Drawn On (BankName)	
Place					
Date		Signature of Delegate			