



NATIONAL ACADEMY FOR TRAINING & RESEARCH IN SOCIAL SECURITY
(EMPLOYEES' PROVIDENT FUND ORGANISATION)

NEW DELHI – 110 058. INDIA

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NOMINATION FORM

Name of the Programme: NATIONAL WORKSHOP ON EPF & MP Act 1952 and EPS'95 FOR TRUSTEES OF EXEMPTED ESTABLISHMENTS

Date: 30-31 October, 2008

1. **Name (in BLOCK letters)** : SURNAME:..... MIDDLE NAME..... FIRST NAME:.....

2. **Sex(Male / Female)** :

3. **Date of Birth** :
(DD / MM / YY)

4. **Nationality** :

5. **Educational & Professional Qualification** :
:

6. **Name & Address of the Organisation** :
:

7. **Designation (Present Title of your Job)** :

8. **Working Experience (No. of Years)** :

9. **Telephone Nos.(with Country Code)** : Office:.....Residence:.....
Mobile:.....Fax:.....

10. **E-mail address** : (i)Personnel :.....
(ii)Office :.....

11. **Details of the Bank Draft** : i)DD No.....ii) Date.....
iii)Amount:.....
iv) Bank's Name:.....

12. **What are your expectations from this programme** :
:

13. **Have you ever attended any Training/Workshop/Seminar at NATRSS. If yes, please indicate Name & date of the programme** : Yes / No
:

Signature of Participant:.....

15. **Signature of the Sponsoring Authority certifying the above information** :