

## **ONLINE TRAINING REGISTRATION FORM**

### **Sponsoring Insurer Details:**

Insurance Company Name :  
Division /Branch Name & Code :  
Division /Branch Address :

### **Candidate's Details:**

Name (In CAPITAL Letters) :  
Date of Birth (DD/MM/YYYY) :  
Qualification :  
Category :  
Sex :  Male  Female  
Address (with PIN Code) :  
Mobile Number :  
Email ID :  
PAN Number :

### **Training Details:**

Type (Fresh or Renewal) :  
No of Hours Required :  
For Renewal 1. Agency Code :  
2. License No. & Expiry Date :

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Candidate Signature

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Authorized Signature