

SCALING MICRO INSURANCE IN DEVELOPING COUNTRIES

April 20-26, 2009

APPLICATION FORM

Name of the Participant:			
Educational Qualification:			
Designation:			
Organization:			
Address for Communication:			
City:	Country:	Pin Code:	
Telephone No:	Fax No:		
E-mail:			
Brief Profile of the Participant:			
Brief Profile of the Organisation:			

<p>Suggest how the training would be relevant to you</p>	
<p>Any other queries/comments</p>	

DECLARATION

I herewith wish to register for the training course on “Scaling Micro Insurance in Developing Countries” offered by the CIRM- Wharton School. I undertake to pay the course fee of USD 2800 within a period of 8 days following the notification of my participation from the Centre for Insurance and Risk Management, IFMR. I understand that my registration will only be valid after the payment is received by Centre for Insurance and Risk Management, IFMR

Signature of the Participant

Signature of the Head of the Organisation
(with Official Seal)