

REGISTRATION FORM

**INTERNATIONAL TRAINING PROGRAMME
ON**

"MANAGEMENT OF SOCIAL SECURITY SYSTEMS"

22nd OCTOBER to 26th OCTOBER 2018

PDNASS (EPFO), NEW DELHI, INDIA

Name of the Sponsoring Agency: _____

DETAILS OF THE SPONSORED CANDIDATE

Full Name: _____

Position: _____

Highest Degree Obtained: _____

Phone/Mobile No: _____

Passport No. (with date of Validity): _____

Email: _____

Signature: _____

(Signature of the Sponsoring Authority) _____

Name & Designation of the Sponsoring Authority)

Date: _____

The above Registration Form must be submitted by the sponsoring agency

latest by 30th June 2018 and email to: natrss@epfindia.gov.in