



Submission of the Authorized Officers' Details

National Insurance Trust Fund

| | | | |
|------|---------------------------------------|----------|----------|
| 1. | Name of the Institute | | |
| 2. | Agrahara File No (Institute No) | | |
| 3. | Postal Address | | |
| 4. | Telephone | | |
| 5. | Details of the Head of the Department | | |
| 5.1. | Name with Initials | | |
| 5.2. | Designation | | |
| 5.3. | NIC Number | | |
| 5.4. | Contact Details | Official | Personal |
| | Telephone | | |
| | Mobile | | |
| | Email | | |
| 5.5. | Signature | | |
| 6. | Details of the Subject Officer | | |
| 6.1. | Name with Initials | | |
| 6.2. | Designation | | |
| 6.3. | NIC Number | | |
| 6.4. | Contact Details | Official | Personal |
| | Telephone | | |
| | Mobile | | |
| | Email | | |
| 6.5. | Signature | | |

Note: It is mandatory that all the above fields be filled