

NATIONAL INSURANCE COMPANY OFFICERS'ASSOCIATION Affiliated to:

National Confederation of General Insurance Officers' Association

The Secretary, National Insurance Company Offi Regional Committ	The state of the s		
Dear Sir,			
I am	working as	in the National	
Insurance Company Ltd, posted at			
		uest you to enroll me as a member of	
your Association.			
Further, I agree to abide	by the Constitution, Rules, Regulati	ions and Bye laws of the Association	
that may be in force from time to t	time.		
Thanking you, Dated:		Yours faithfully,	
Full Name (Block Letters)		Emp No	
Designation			
Date of joining the Company ——		-	
Date of joining the officer cadre —			
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Full Residential Address (Block Let			
Telephone Number – Office:	Resid	Residence:	
For Office Use only.			
Membership No	First Receipt No	Date:	
SECRETARY		TREASURER	

Visit us at: www.nicoa.in or www.nicoa.co.in