



**NATIONAL ACADEMY FOR TRAINING & RESEARCH IN SOCIAL SECURITY**  
**30-31, INSTITUTIONAL AREA,**  
**JANAK PURI, NEW DELHI-110058**

**NATIONAL WORKSHOP ON EPF & MP ACT, 1952**  
**FOR**  
**EXEMPTED ESTABLISHMENTS**

The National Academy for Training & Research in Social Security (NATRSS) invites nominations from exempted establishments for the National Workshop on EPF & MP Act, 1952 and EPS, 1995 for the Trustees & Managers of the Exempted Provident Funds/Establishments covered under EPF& MP Act 1952 from 30-31 October 2008 at our campus as per details given below:

| <b>Programme &amp; Schedule</b>  | <b>Participation</b>   | <b>Last date for nominations.</b>       |
|--|--|---|
| National Workshop on EPF & MP Act, 1952 and EPS, 1995 for the Trustees & Managers of the Exempted Provident Funds/Establishments<br><b>30-31, October 2008</b> | Trustees and Finance/<br>Personnel/Accounts<br>Managers of<br>Exempted Trusts, | <b>20<sup>th</sup> October<br/>2008</b> |

The **participation fee** (including cost of boarding and lodging) is **Rs.6000/-** per participant. For full details and downloading Nomination Form for participating in the workshop please log in to our websites viz. [www.epfindia.com](http://www.epfindia.com) and <http://natrss.gov.in/> or contact the Course Director Sh. Rakesh Sahrawat, Dy. Director on tel. no. 011-28524913 or through e-mail at [natrss@hotmail.com](mailto:natrss@hotmail.com).



NATIONAL ACADEMY FOR TRAINING & RESEARCH IN SOCIAL SECURITY  
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NOMINATION FORM

Name of the Programme: NATIONAL WORKSHOP ON EPF & MP Act 1952 and EPS'95 FOR TRUSTEES  
OF EXEMPTED ESTABLISHMENTS

Date: 30-31 October, 2008

- 1 .Name ( in BLOCK letters) :SURNAME:..... MIDDLE NAME.....FIRST  
NAME:.....
2. Sex( Male / Female) :.....
3. Date of Birth :.....  
(DD / MM / YY)
4. Nationality :.....
5. Educational & Professional Qualification :.....  
:.....
- 6 Name & Address of the Organisation :.....  
:.....  
:.....
7. Designation (Present Title of your Job) :.....
8. Working Experience :.....  
(No. of Years)
9. Telephone Nos.(with Country Code) : Office:.....Residence:.....  
Mobile:.....Fax:.....
10. E-mail address : ( i)Personnel :.....  
(ii)Office :.....
11. Details of the Bank Draft :i)DD No.....ii) Date.....  
iii)Amount:.....  
iv) Bank's Name:.....
12. What are your expectations from this programme :.....  
:.....  
:.....
13. Have you ever attended any Training/Workshop/Seminar at NATRSS. If yes, please indicate Name & date of the programme : Yes / No  
:.....  
:.....

Signature of Participant:.....

15. Signature of the Sponsoring Authority certifying the above information :.....