



REGISTRATION FORM

NAME:

\_\_\_\_\_

ROLL NO:

\_\_\_\_\_

YEAR/SEM:

\_\_\_\_\_

INSTITUTION:

\_\_\_\_\_

MOBILE:

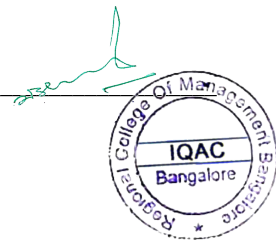
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EMAIL ID:

\_\_\_\_\_

DATE:

SIGNATURE



**CHIEF PATRON**  
S R Mandal  
Chairmen - RCM, Bengaluru

**PATRON**  
Kamal Bhowmik  
Director - RCM, Bengaluru

**RESOURCE PERSON**  
Prof. Kamal



**Regional College of Management  
Bengaluru**

**VALUE ADDED COURSE ON  
INSURANCE POLICY**

**2022-23**



**ORGANIZED BY  
MANAGEMENT DEPARTMENT**

Plot No 34/4 and 34/5 Muduguriki,  
Devanahalli, Karnataka 562164

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DIRECTOR  
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