



**REGISTRATION FORM**  
**FOR PENSIONE TRAINING WITH NPS IN KOREA 29 AUG-2 SEP 2016**  
**Pre Departure 25-26 August 2015 in UI Campuss Salemba, Jakarta, Indonesia**

Full name : \_\_\_\_\_

First Name : \_\_\_\_\_ LastName: \_\_\_\_\_ MiddleName : \_\_\_\_\_

Title: Mr. / Miss / Ms / Mrs. / Dr. **Date of Birth** (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of Citizenship: \_\_\_\_\_ **KTP /Passport \***: \_\_\_\_\_

Mobile Number : \_\_\_\_\_ Email: \_\_\_\_\_

Home address: \_\_\_\_\_

Country \_\_\_\_\_ PostalCode\_: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_

Educational Background:

1)Bachelor: Field: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

University/ School: \_\_\_\_\_ Country : \_\_\_\_\_

2)Master: Field: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

University/ School: \_\_\_\_\_ Country : \_\_\_\_\_

2)Doctor: Field: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

University/ School: \_\_\_\_\_ Country : \_\_\_\_\_

Workplace/Employer: Name of institution \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Country \_\_\_\_\_ PostalCode: \_\_\_\_\_ (Fax) \_\_\_\_\_

Position: \_\_\_\_\_ Start working since: \_\_\_\_\_

Please describe briefly the nature of your work and responsibility

\_\_\_\_\_  
\_\_\_\_\_

What are your expectation for this course?

\_\_\_\_\_  
\_\_\_\_\_

Funding source (please circle): Employer / Self funding / Other \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You for completing this form. Please Send back this form to:**

Pusat Kajian Jaminan Sosial Program Pascasarjana UI  
(Center for Social Security Studies, School of Graduate Program Universitas Indonesia)  
Gedung Program Pascasarjana Universitas Indonesia  
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