



भारतीय बीमा संस्थान

INSURANCE INSTITUTE OF INDIA

'G'-Block, Plot No. C-46, Near Dhirubhai Ambani School,
Bandra-Kurla Complex, Bandra (East), Mumbai 400051

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APPLICATION FOR ELECTION OF LIFE ASSOCIATESHIP

Full Name (Shri/Smt./Kumari) _____
(Block Letters)
Address _____

Email _____ Mobile No. _____

Date of Birth _____ Name of Local Institute _____

Educational Qualification _____

I request you to dispatch my Associateship Diploma at (Please tick) to

My above address

My Local Institute's Address

If you are already Associate of Insurance Institute of India in another branch, kindly indicate the details.

Associate Diploma No. _____ Registration No. _____ Year of Passing _____

Candidate passing more than one branch in Associateship will be given a letter to that effect and not another diploma.

I hereby declare that I have passed qualifying examination (details given below) entitling me to apply for election as a Associate of the Insurance Institute of India.

Examination	Reg.No.	Centre	Year of passing	Branch	*Existing Diploma No.
Licentiate					
Associateship					

***Applicable only if you have already passed Associateship in another branch.**

*I hereby confirm that my diploma with Chartered Insurance Institute, London/Institute of Actuaries, London is in force. I am enclosing the certified copy of my diploma.

I hereby apply for election as a Associate of the Insurance Institute of India.

I agree, if elected, to abide by the memorandum and regulations of the Institute and by the code of conduct prescribed by Insurance Institute of India.

Date: _____

Signature _____

*Strike out whichever is not applicable.

Note: #Your attention is drawn to Regulation Nos.50 to 53 printed overleaf.

For office use only:

A/ _____

RT.No.: _____

Date: _____