



भारतीय बीमा संस्थान

INSURANCE INSTITUTE OF INDIA

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APPLICATION FOR ELECTION OF LIFE FELLOWSHIP

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 Fellowship Diploma at (Please tick) to

My above address

My Local Institute's Address

Candidate passing more than one branch in Fellowship 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 Fellow of the Insurance Institute of India..

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

* Applicable only if you have already passed Associateship/Fellowship 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 Fellow 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:

F/

RT.No.:

Date: