

International certification in “Life and General Insurance”

Insurance Institute of India being a founder member of “Institute for Global Insurance Education (IGIE)” has got its online examination center in Mumbai accredited from “Insurance Institute Of America – Institute of Chartered Property and Casualty Underwriters (AICPCU)” to offer online examination in Life and General Insurance.

Those candidates who wish to enroll for these courses would require to download the form (available on III website) and after filling in required details candidate need to submit this form together with examination fees (which includes course fee) of Rs 3000/- (by means of Demand Draft drawn in favour of “Insurance Institute Of India” payable at Mumbai) to Insurance Institute of India Mumbai Office.

On registration with us candidate would be provided with user id and password and through this they will get the access to the course material on IGIE website. Candidates would also get communication from IGIE about the examination schedule.

For more details please contact:

Mr. Kedar Sant (Admin Officer)

Insurance Institute of India

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INSURANCE INSTITUTE OF INDIA
ONLINE EXAMINATION FOR GENERAL INSURANCE AND LIFE
INSURANCE (IGIE Foundation Programme administered by
AICPCU/IIA

Registration Form (IGIE Exams)

Passport Size Colour
 Photograph Duly
 Signed

Institute for Global Insurance Education

Select Branch : - (Tick Which Ever is applicable)

1) Life Branch [951- Life Insurance Basics]

2) General Branch [950- Introduction to Global Risk Management, Insurance, and Financial Services]

First Name: - _____ Last Name :- _____

Date Of Birth :

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Exam Center :- Mumbai. (Maharashtra)

Educational Qualification: - _____

Employer Name :- _____

Professional Qualification:- _____

Work Experience :- _____

Address :- _____

City :- _____ Country:- _____ Pin:-

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Street :- _____

Telephone (Office) STD Code: - _____ Tel.: _____

Telephone (Residence) STD Code: - _____ Tel. : _____

Mobile Number: _____

Email Id :- _____

Demand Draft Details :- _____

Place:- _____

Date:- _____

Signature Of the Candidate