



भारतीय बीमा संस्थान INSURANCE INSTITUTE OF INDIA

'G' Block, Plot No. C-46, Bandra-Kurla Complex,
Bandra (E), Mumbai - 400 051.

Tel No. : 022-26544200

Email : diploma@iii.org.in

Fax No. : 022-26541170

website: www.insuranceinstituteofindia.com

APPLICATION FOR ELECTION AS ASSOCIATE

Full Name (Shri/Smt./Kumari) _____

(As updated in profile on III website)

(Kindly fill the detail address with Pin code and also update your details (i.e. address, email id, Mobile no.) in your profile using your login id. This will be used for all the future correspondence).

(Block Letters)

Address _____

_____ * Pin Code -

--	--	--	--	--	--

(* Mandatory for address within India)

Email _____ Mobile No. _____

Date of Birth _____ Age as on date _____

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

Examination	* Registration No.	Passing Month & Year
Associateship		

(Candidate can verify the diploma details from the III Web site on Examination Menu – Diploma – Verification of Diploma option).

*** Mandatory**

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: _____

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

For office use only:

Dip. No.	Sign.	Entry Date:
----------	-------	-------------

Suspension, Expulsions, Resignation & Re-admission of Fellows and Associates

50. The Council may appoint from among the Fellows of the Institute a Disciplinary Committee, consisting of not less than seven members, for the purpose of investigating questions of professional malpractice generally, and cases of alleged misconduct of Fellows and Associates of the Institute.
51. The Disciplinary Committee, shall investigate all cases of alleged misconduct and professional malpractices brought to its notice and shall submit its findings to the Council after giving reasonable opportunity to the Fellow or Associate concerned to explain his / her case in person or in writing.

The Council shall consider the report of the Disciplinary committee and take suitable action as it may deem proper including expulsion of the Fellow or Associate concerned. The decision of the Council shall be by a majority of not less than three-fourth of the members present at a meeting convened for the purpose and such decision shall be final, binding and shall not be called in question.

52. A Fellow or an Associate shall cease to be a Fellow or an Associate if he / she
- i is adjudicated insolvent;
 - ii) ceases to be a member of an Associated Institute;
 - iii) resigns and or;
 - iv) is expelled according to Regulation 51 :
 - V) fails to pay the Fellowship or Associateship fees to the institute within three months after it has fallen due provided however, that he had been called upon in writing to pay the same (unless further time is granted by the Council)

Names of Fellows or Associates who ceased to be Fellows or Associates either by death or by the operation of the regulations referred to above shall be published in the journals of the Institute.

Person who ceased to be Fellow and Associate shall surrender their certificate or diploma to the Institute.

53. Any person having ceased to be a Fellow or an Associate under regulation 52 above applies for readmission shall not be required to pass any examination of the Institute. The council may consider such application and may re-admit the applicant to the original class as the Council may think fit.

Diploma No. : _____

(Candidate can verify the diploma details (Diploma ID) from the III Web site on Examination Menu – Diploma – Verification of Diploma option).

Date : _____

Place : _____

Signature of the Candidate

The credo

Associate and Fellow Members of the institute are expected to

1. Continuously update their knowledge of Insurance and allied disciplines and contribute to the furtherance of such knowledge through engagement in research, case studies preparation and innovative work practices
2. Commit to the spirit of honest scientific enquiry – critically examine existing paradigms and practices of the industry with an open and objective mind.
3. Develop a holistic and integrated approach to insurance and its practice, and also adopt a diagnostic problem solving approach to issues and problems in their work environments.
4. Be Team Players, willing to support and empower others and contribute to synergy of the groups to which they belong - to respect and listen to others, to be open and transparent, and to put the team's purpose and its achievement above self. .
5. Maintain highest standards of Professional integrity and ethical conduct with respect to what they say and do in their professional life and work, exercising discrimination and judgment to decide what is fair, just and the right thing to do in any situation.
6. Act in the best interests of customers, display deep sensitivity and empathy towards their concerns, champion their just and legitimate causes, provide fair and objective professional advice and a high standard of service.
7. Exercise due diligence and care while dealing with resources of institutions they serve.
8. Display leadership in thought and action towards promoting quality in sales, service and all other work processes, striving for continuous improvement in activities they are engaged in.
9. Contribute to development of both themselves and other fellow members, in a personal and professional sense, participating in and extending support to the activities of various local institutes set up to promote insurance education and develop Insurance competencies.
10. Initiate and take part in social innovation processes that lead to community betterment and enrichment of life – inspiring others through personal example.

Diploma No. : _____

(Candidate can verify the diploma details (Diploma ID) from the III Web site on Examination Menu – Diploma – Verification of Diploma option).

Date : _____

Place : _____

Signature of the Candidate