

भारतीय बीमा संस्थान

INSURANCE INSTITUTE OF INDIA

G-Block, Plot No.C-46 Opp. American Consultate, Bandra Kurla Complex, Mumbai – 400 051.

www.insuranceinstituteofindia.com

Please affix recent photograph

| Registration No: - (Will be alloted by III) | | | | |
|--|-------------------------------|-------------------|--|---|
| REGISTRATION AND EXAMINATION ENTRY FORM | | | | |
| Entries to be filled in English CAPITAL Letter ONLY | | | | |
| | | | | |
| 1. Mr./Ms. First Name | r./Ms. First Name Middle Name | | Last Name | |
| rischanie | IVIIdale IVallie | | Last Hame | the |
| Father / Husband Name* | Mother | Name* | | ere 1 |
| *Date of Birth: | | *Gender: Male/Fem | nale *Nationality: | intout of your enrollment details from the Associated Institute where the form is submitted and confirm the enrollment details. |
| PAN No: | | * Qualification: | : 1. Graduate | itute |
| * Marital Status: * Category: GEN / SC / ST | | | 2. Post Graduate 3. Student | Inst Is. |
| | | | 4. Professional | ated |
| 2. Correspondence Address * Address Line 1: | | | | socia int d |
| Address Line 2: | | | | Ass |
| Address Line 3: District: | | State: | | the inro |
| Pin Code/Zip code: Co | ountry: | | | fron the e |
| 3. Permanent Address * Address Line 1: | | | | tout of your enrollment details from the Associated Ir form is submitted and confirm the enrollment details |
| Address Line 2: | | | | det |
| Address Line 3: District: | | State: | | nd c |
| Pin Code/Zip code: Co | | | | olln ed a |
| 4. Contact Details : | مناله مرما | - N- (Office). | | enr mitte |
| Landline No. (Res.): *Mobile No.: *E-mail Id.: | | | | your |
| 5. Employer Name & Address : | | | | t of n is |
| 6. Quote subject Numbers and Centre No. in | • | | | for |
| Sub.1 (ENG / HIN) | Sub.2 (ENG | G / HIN) | Sub.3 (ENG / HIN) |] g |
| Country 8 No. | Cautas & Na | | Contra 8 No | ke a |
| Centre & No | Centre & No | · | Centre & No | Please take |
| Sub.4 (ENG / HIN) | Sub.5 (EN | IG / HIN) | Sub.6 (ENG / HIN) | leas |
| | | | | |
| Centre & No | Centre & No | | Centre & No | |
| 7. If you were a candidate for our examination in the past, please state your Reg.No Institute CIS/Licentiate/Associateship/ Fellowship/Actuarial/Specialised Diploma Examination May/November and Result Centre | | | | |
| a) I declare that I possess necessary qualifications for admission to the above examination as laid down in the current rules and regulations. I know that the examination fees are not refundable or adjustable in any manner if I am found not eligible for the Examination or the Examination | | | | |
| is postponed, cancelled or its time-table chan | _ | | abide by the Terms and Condition mentioned i | |
| Examination Handbook. b) I opt for membership of Ir | nstitute. | | | |
| | | | Candidate's Signature | |
| Place | Date | | Candidate 3 Signature | |

Hall Ticket will not be dispatched. Kindly download it from website 15 days prior to examination.