

Last Login Date : Thursday, March 4, 2021 [Reset Password](#)

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### Point of Sales Person / Insurance Agents - ZIP Upload Screen

Remedary Type :  Select Insurance Category :   
 Corporate Type :  Select Candidate Type :   
 ZIP Upload Type:  Full Data Upload  ICARD Number Upload  
 Do you want to upload Photo and Signature:  Yes  No  
 File :  No file chosen

Upload .zip file after making changes in .XLS as per follows

**NOTE : Please select only ZIP file format to upload**  
**File Upload Description: Total 1 Records Uploaded Successfully on 2021-03-04 19:09:54.796**

**[CLICK HERE TO PROCEED FOR UPLOADED DETAILS](#)**

USEFUL LINKS	
Please Download Zip File From Here for Full Data upload:	<a href="#">Download File Format</a>
Please Download Zip File From Here for ICARD Number upload:	<a href="#">Download File Format</a>
Please Download for Instruction and Error Description :	<a href="#">Instructions and Error Description</a>
Please Download State And District for reference :	<a href="#">State and District Master</a>
Please Download POSP/IA User Manual :	<a href="#">User Manual</a>

Download Format file

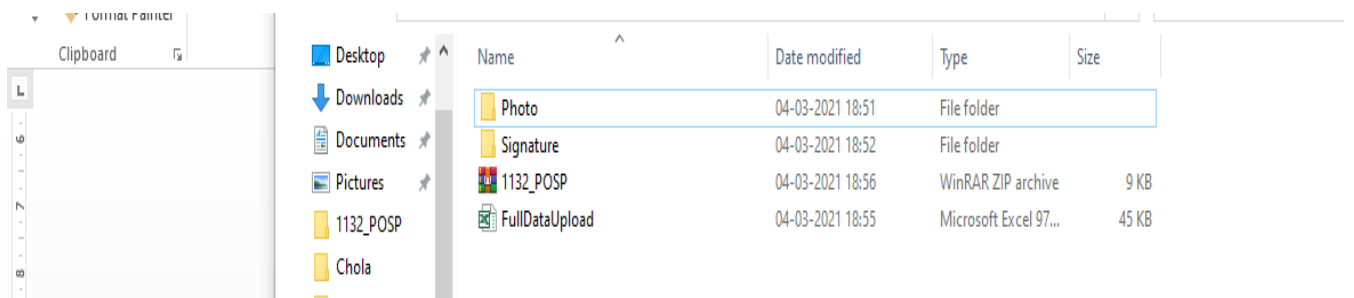
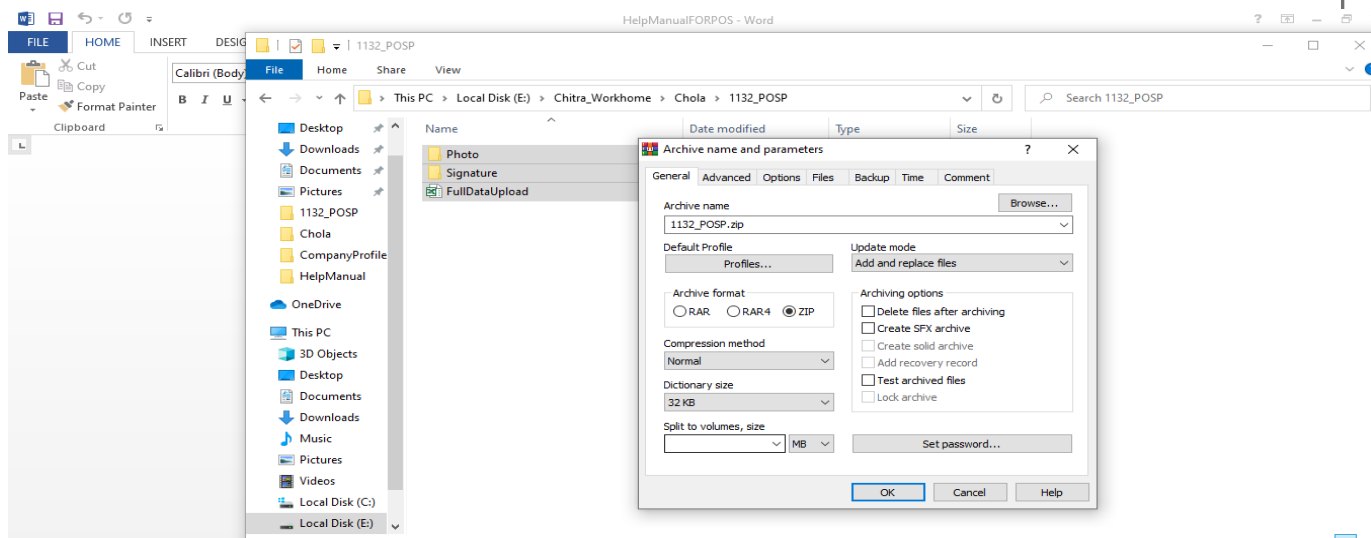
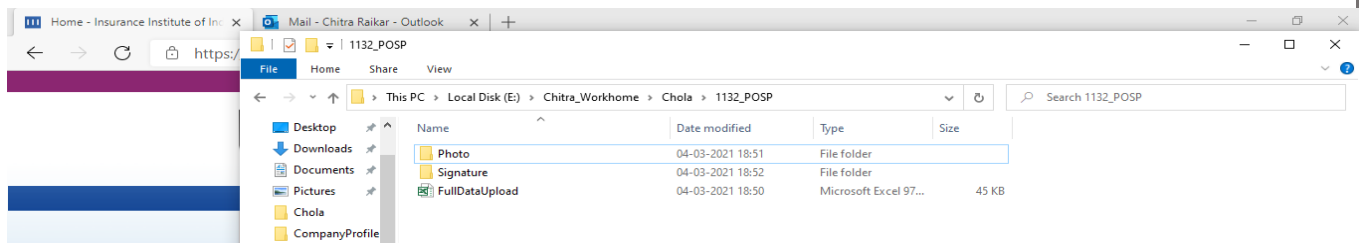
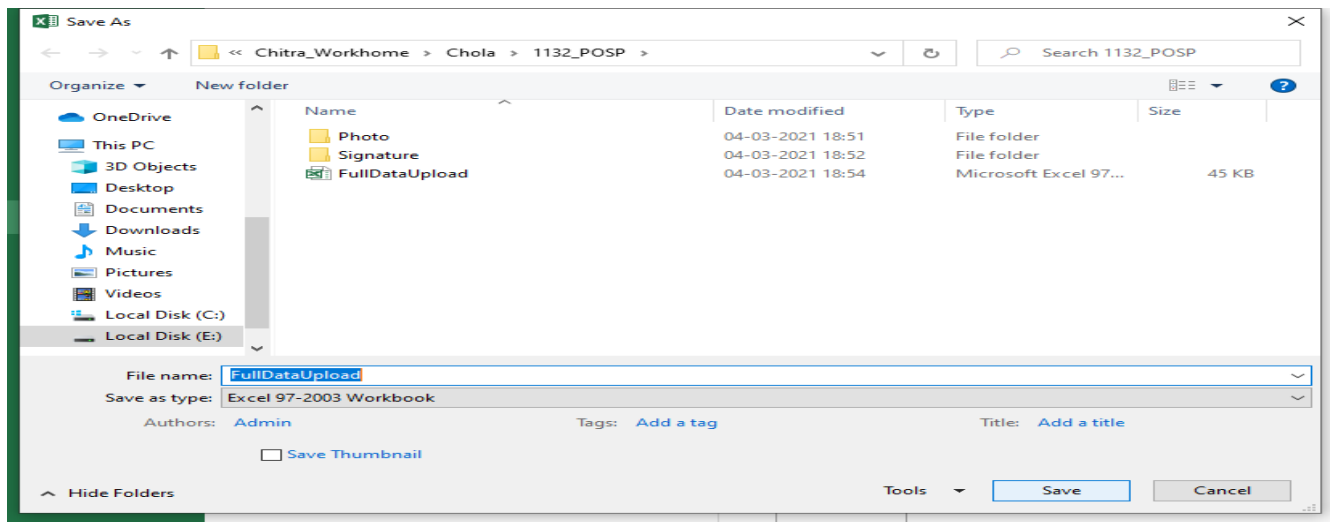
Name Initial	Candidate Full Name	Category	Current House Number	Current Street	Current Town	Current District	Current State	Current Pincode	Area	Basic Qualification	Board Name For Basic Qualification	Roll Number For Basic Qualification	
1	Mr.	DINESH	OBC	202	MUTHUTAMIL NAGAR	THUTAMIL NAI	CHENNAI	Tamil Nadu	600118	RURAL	Class XII or Equivalent Class	Tamil Nadu	855311

Board Name For Basic Qualification	Roll Number For Basic Qualification	Year of Passing For Basic Qualification	Date of Birth(DD-MMM-YYYY)	Sex	Landline No	Mobile No	Email ID	Contact Person Email ID	PAN	Employ	
1	Tamil Nadu	855311	2001	20-Jun-1986	MALE			aaadad420@gmail.com	aaadad420@gmail.com		10

Contact Person Email ID	PAN	Employee No	Photo File Name	Signature File Name	Training Language	Exam Language
1	aaadad420@gmail.com					
2	aaadad420@gmail.com		100	Photo	Signature	ENGLISH

# Help Manual for POSP –Training and Examination- Registration in bulk

Create .ZIP file of (Photo folder, Signature folder, FullDataUpload.xls)



**Point of Sales Person / Insurance Agents - Profile Id Search Upload Data**

TYPE OF DATA:		View Complete Excel Uploaded and Existing Data			For Profile ID Generation Use "All New Data"		
Uploaded from Date:	04-03-2021	Uploaded to Date:	04-03-2021	Status:	All		
PAN Number :		Mobile Number :		Email ID :			
Profile Id :		Training Language :	--Select--	Name :			
Intermediary Type:	Corporate Agent	Insurance Category :	Composite Insurance	Corporate Type:	Authorised Verifier		
		Candidate Type :	Fresh				
<input type="button" value="Search"/> <input type="button" value="Reset Data"/>							

S.No.	ICARD Number	Profile Id	Existing/New	Pan No.	Applicant Name	Mobile No	Candidate Email ID	Training Language	Default Option	Photo	Sign	Uploaded Date	Data Validity
1	--	--	Fresh	C	Mr. DINESH		aaadad420@gmail.com	ENGLISH	No	--	--	2021-03-04 19:09:54.0	No Error Found

**Point of Sales Person / Insurance Agents - Profile Id Search Upload Data**

TYPE OF DATA:		View Complete Excel Uploaded and Existing Data			For Profile ID Generation Use "All New Data"		
Uploaded from Date:	04-03-2021	View Complete Excel Uploaded and Existing Data Select Data from Uploaded and Existing Data All New Data for Profile Id generation		Status:	All		
PAN Number :		Mobile Number :		Email ID :			
Profile Id :		Training Language :	--Select--	Name :			
Intermediary Type:	Corporate Agent	Insurance Category :	Composite Insurance	Corporate Type:	Authorised Verifier		
		Candidate Type :	Fresh				
<input type="button" value="Search"/> <input type="button" value="Reset Data"/>							

S.No.	ICARD Number	Profile Id	Existing/New	Pan No.	Applicant Name	Mobile No	Candidate Email ID	Training Language	Default Option	Photo	Sign	Uploaded Date	Data Validity
1	--	--	Fresh	C	Mr. DINESH		aaadad420@gmail.com	ENGLISH	No	--	--	2021-03-04 19:09:54.0	No Error Found

**Point of Sales Person / Insurance Agents - Profile Id Search Upload Data**

TYPE OF DATA:		All New Data for Profile Id generation			For Profile ID Generation Use "All New Data"		
Uploaded from Date:	04-03-2021	Uploaded to Date:	04-03-2021	Status:	No Error Found		
PAN Number :		Mobile Number :		Email ID :			
Profile Id :		Training Language :	--Select--	Name :			
Intermediary Type:	Point of Sales Person	Insurance Category :	LifeNonLifeHealthInsurance	Corporate Type:	Point of Sales Person		
		Candidate Type :	Fresh				
<input type="button" value="Search"/> <input type="button" value="Reset Data"/>							

To Generate Profile Ids For Selected Records:

Delete Profile Ids For Selected Records:

**TO Generate Profile IDs**

Select All	S.No.	ICARD Number	Profile Id	Existing/New	Pan No.	Applicant Name	Mobile No	Candidate Email ID	Training Language	Default Option	Photo	Sign	Uploaded Date	Data Validity	Rema
<input checked="" type="checkbox"/>	1	--	--	Fresh	C	Mr. DINESH		aaadad420@gmail.com	ENGLISH	No	--	--	2021-03-04 19:09:54.0	No Error Found	--

# Help Manual for POSP –Training and Examination- Registration in bulk

**Point of Sales Person / Insurance Agents - Profile Id Search/Upload Data**

TYPE OF DATA:		All New Data for Profile Id generation		For Profile ID Generation Use "All New Data"	
Uploaded from Date:	<input type="text" value="04-03-2021"/>	Uploaded to Date:	<input type="text" value="04-03-2021"/>	Status:	<input type="text" value="No Error Found"/>
PAN Number :	<input type="text"/>	Mobile Number :	<input type="text"/>	Email ID :	<input type="text"/>
Profile Id :	<input type="text"/>	Training Language :	--Select--	Name :	<input type="text"/>
Intermediary Type:	Point of Sales Person	Insurance Category :	LifeNonLifeHealthInsurance	Corporate Type:	Point of Sales Person
	Corporate Agent	Candidate Type :	Fresh		
	Point of Sales Person				

To Generate Profile Ids For Selected Records:

Delete Profile Ids For Selected Records:

Select All	S.No.	ICARD Number	Profile Id	Existing/New	Pan No.	Applicant Name	Mobile No	Candidate Email ID	Training Language	Default Option	Photo	Sign	Uploaded Date	Data Validity	Rema
<input type="checkbox"/>	1	--	--	Fresh		Mr. DINESH		aaadad420@gmail.com	ENGLISH	No	--	--	2021-03-04 19:09:54.0	No Error Found	--

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<a href="#">Profile</a>	<a href="#">Report of Insurance Agents</a>				
<a href="#">Update GSTIN</a>					
<a href="#">Broker Online Training - Fresher</a>					
<a href="#">Broker Online Training -</a>					



**Point of Sales Person / Insurance Agents - Payment for Profile Ids**

Uploaded From Date*:	<input type="text" value="04-03-2021"/>	Uploaded To Date*:	<input type="text" value="04-03-2021"/>
Profile ID:	<input type="text"/>	Status:	All
Select Intermediary Type :	Point of Sales Person	Select Insurance Category :	LifeNonLifeHealthInsurance
Select Corporate Type :	Point of Sales Person	Select Training Language :	ENGLISH
Select Candidate Type :	Fresh		

Select All	Sr. No.	ICARD Number	Profile Id	Applicant Name	PAN No	Mobile No	Email ID	Training Language	Status
<input type="checkbox"/>	1	A00579932	A00579932POSP1132LNLHPOSP	DINESH			aaadad420@gmail.com	ENGLISH	To Do Payment

Go to Payment:

Point of Sales Person / Insurance Agents - Payment for Profile Ids									
Uploaded From Date*:	04-03-2021			Uploaded To Date*:	04-03-2021				
Profile ID:				Status:	All				
Select Intermediary Type :	Point of Sales Person			Select Insurance Category :	LifeNonLifeHealthInsurance				
Select Corporate Type :	Point of Sales Person			Select Training Language :	ENGLISH				
Select Candidate Type :	Fresh								
				Search	Reset Dates				
Select All	Sr. No.	ICARD Number	Profile Id	Applicant Name	PAN No	Mobile No	Email ID	Training Language	Status
<input type="checkbox"/>	1	A00579932	A00579932POSP1132LNLHPOSP	DINESH			aaadad420@gmail.com	ENGLISH	To Do Payment
				Go to Payment:	Go to Payment				

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 <p><b>भारतीय बीमा संस्थान</b> <b>INSURANCE INSTITUTE OF INDIA</b></p>		<p>Plot No C-45, Near U.S. Consulate, 3-Block, Bandra Kurla Complex, Bandra East, Mumbai, Maharashtra 400051                  Telephone Number : 022-26544220/257/208                  Email Id : reg.exams@iii.org.in                  Website : www.insuranceinstituteofindia.com                  PAN No Of The III : AAAT1174R                  TAN No Of The III : MUMI00157D                  Service Tax No : AAAT1174RSD001                  HSN Code : HSN is not applicable to III                  GSTIN Of III : 27AAAT1174R1Z7                  Application Reference No (ARN) Of III : AA2704170743831                  SAC Code Of III : 999299 (Commercial Training &amp; Coaching)</p>						
 Click Here to return Home Page								
Date : 04/03/2021				Order No : 94091179				
Company Name		[REDACTED] MITED.						
Email		[REDACTED]						
Mobile No.		[REDACTED]						
Payment Details								
III Reference Number		1132						
Total Amount		100						
No Of Candidates		1						
Grand Total		100						
Transaction Details								
Transaction No.		WW1979850						
Transaction Date		2021-03-04 19:17:32.256737						
GSTIN of CHOLA INSURANCE DISTRIBUTION SERVICES PRIVATE LIMITED.		[REDACTED]						
Transaction Status		[REDACTED]						
Note : Please save this receipt for future reference								
				Print				

Please Email us on [reg.exams@iii.org.in](mailto:reg.exams@iii.org.in) if you face any problem.