



INSURANCE INSTITUTE OF INDIA

Plot No C-46, "G"-Block, Bandra Kurla Complex,
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Tel : 022-26544200/270/272

Fax : 022-26541170

Website: www.insuranceinstituteofindia.com

APPLICATION FORM FOR BECOMING ACCREDITED LEARNING CENTRE OF INSURANCE INSTITUTE OF INDIA

For Official use only

Application Number _____

Application Accepted / Rejected

Signature of Checking Officer

[PLEASE FILL ALL DETAILS IN CAPITAL LETTERS ONLY]

1. **Name of Organisation** :

2. **Address** :

City : **PIN** :

3. **Telephone only STD code** : **Fax** :

4. **Email ID** :

5. **Website** :

6. **STATUS** [EDUCATIONAL INSTITUTE / COMPANY / REGISTERED SOCIETY] :
(Please attach the Incorporation Certificate and the bye laws)

7. **WHETHER PROFIT MAKING [YES/NO]** :

8. **MAIN ACTIVITY OF THE ORGANIZATION** :

9. **Whether Income Tax payee** [YES/NO] : **I.T. Permanent Account Number** :

10. **KINDLY ATTACH AUDITED FINANCIAL STATEMENTS FOR THE EARLIER THREE YEARS.**

11. **DETAILS OF FACULTY** :

12. **Names of Directors / Members / Managing Committee** :

13. **Email of the above** :

14. **Name & contact details of the designated officer who will liaise with the I.I.I.**

15. **Specify the blue print of activities you would be conducting with respect to affiliation with Insurance Institute of India**

(you may attach a separate sheet if necessary)

I hereby solemnly affirm that the details filled above are true to the best of my knowledge. We shall abide the Rules governing the scheme.

(Signature of Authorised Signatory with Seal of Company/Registered Society/Educational Institute)