Latest Photograph of the candidate

This is certify that Mr. /Ms. /Dr._____ (IRDAI Enrolment No) _____ (III Registration no.)_____ whose photograph is pasted above, has successfully completed _____Months / days of Training in _____Insurance under my supervision.

The training has been completed on (between) _____ to_____.

Rating

Rating on the following parameters to the trainee.

	Excellent	Good	Average	Poor
Subject knowledge gained during Practical Training				
Interest in Learning shown during Practical Training				
Technical expertise required during Practical Training				

Name of the Trainer :-_____

Name of the Company :- _____

IIISLA Membership No:-_____

SLA No. :-_____

Place :-_____

Date :-_____

Seal and Signature of the Trainer **Signature of the Trainee**