



INDIAN INSTITUTE OF INSURANCE SURVEYORS AND LOSS ASSESSORS

(Promoted by IRDA, Govt. of India)

Head Office:-315,Paras Chambers,D.No.-3-5-890,HimayatNagar, Hyderabad-500029(A.P)

e-mail : iiisla.ad2013@gmail.com, admin@iiisla.co.in, Web-site : www.iiisla.co.in.,

Telephone Numbers: 040- 66253666, 040-23261072, 040-23261073.

Date: 21.05.2015

Dear All the members of IIISLA

Re: Application for Modification of Members Data

Please find the application for modification of members data enclosed herewith in the annexure.

We request you all to send the application for modification of member's data along with the recommendation of unit / Chapter along with the affidavit enclosed. The details of the enclosures required are enlisted as under;

- Initial categorisation letter issued by IRDAI / Insurer
- Copy of all certificates duly attested
- Two recent photographs (jpg format)
- ID proof and Address proof (PAN Card and Aadhar Card/Driving Licence)

The details must be sent in a file folder containing the scan copies of all the documents by mail at membersdata@iiisla.co.in and also send the physical copies to the Admin Office before 30.06.2015, as the entire data is to be compiled by Admin office and sent to IRDAI by 02.07.2015.

We request you to take note of the time lines and respond at the earliest.

With regards

Manager Admin

By the Order of President

INDIAN INSTITUTE OF INSURANCE

Regd. Office : 5th Floor, Parishram Bhavan, Basheerbagh, Hyderabad-500004.



INDIAN INSTITUTE OF INSURANCE SURVEYORS AND LOSS ASSESSORS

(Reg. u/s. 25 of Companies Act 1956 - Promoted by IRDA,)

Registered Office :-ParishramBhawan, 5-9-58/B, BasheerBagh , Hyderabad - 500004(A.P)

Adm. Office:-315, Paras Chambers,D.No.-3-5-890,Himayat Nagar, Hyderabad-500029(A.P)

Contact us at - e.mail : admin@iiisla.co.in , Phone – 040-66253666

Visit us at - www.iiisla.co.in

ALL CORRESPONDENCE SHOULD BE MADE TO ADMIN OFFICE ONLY.

1. This declaration / affidavit is required for compilation of data for Modification of License and in view of Code of Conduct as per amendment in Insurance Act in the year 2015 and Surveyors and Loss assessors Regulations ,2013.
2. Fill in every column which are applicable. Incomplete applications or improperly filled applications will be rejected
3. Attach all copy of the Surveyor's License issued by IRDAI and/or Controller of Insurance, membership of IIISLA, Letter of Department allocation by IRDAI/Insurer with relevant University Degree/ Diploma/ Certificates and Proof of Date of Birth. Do not send Marks Sheets as substitute for the Degree/Diploma/Certificate.
4. Valid proof of Date of Birth may be SSC/HSC certificate showing the Date of Birth /Municipal Birth certificate /Passport /Driving License /PAN Card.
5. All the documents should be enclosed with the A-4 size and attached at the end of the application.
6. Send clear and readable copies of the documents. Unreadable documents will mean rejection of the application.
7. Duly filled in application form in all respect along with the supporting documents should be sent to the Administrative Office Address.
8. No enquiries regarding the application will be entertained until 45 days from the date of receipt of application.
9. Application form duly filled in along with necessary enclosures to be sent through Unit and Chapter to the Administrative Office. Central Council Member and Zonal Council member may also verify and recommend the application on behalf of his chapter.
10. In the event this affidavit/declaration is not submitted within 30 days of notification on the Website of IIISLA, membership may be suspended until receipt thereof.

(All the applicants are required to submit the below mentioned affidavit on Indemnity Bond Paper of Rs 20/- and enclose it with the application)

AFFIDAVIT

I.....S/O.....age.....yrs
having SLA license No..... and IISLA Membership No..... hereby
declare with full knowledge. I sincerely state on oath and undertake as follows -

1. That I am a licensed Surveyor and loss Assessor by IRDAI and member of IISLA
2. That I will conduct my duties and functions in an Independent, fair, impartial and transparent manner whether in personal capacity for jobs assigned to me or my Firm/Company by Insurer or Insured as per membership level/category of IISLA and Department allocated by IRDAI to me within the purview of the applicable Rules and Regulations .
3. That I will also not get involved directly or indirectly with any contract survey/ outsourcing of survey jobs including training to employee surveyor of any insurance company.
4. That opposite action of above by me will attract punishment to me as well as to that Firm/Person/Company who sought service from me.
5. That I shall abide by all duties, responsibilities, code of conduct as specified in Regulations and ethics of IISLA as they now are, or as they may hereafter be altered time to time and will maintain absolute integrity and utmost devotion to my duty and profession.
6. That I shall abide by the rules, regulations, bye-laws and guidelines under Memorandum and Article of Association of IISLA .
7. That I undertake to intimate in advance to IISLA in the event of discontinuing my independent practice as an Insurance Surveyor and Loss Assessor and I shall voluntarily surrender my membership, in the event of discontinuing independent practice as an Insurance Surveyor and Loss Assessor / inform IISLA in the event in advance if I join as director/partner of any licensed firm/ Co of SLAs.
8. That I agree that if I fail to surrender my membership in the event of discontinuing my independent practice as an Insurance Surveyor and Loss Assessor, IISLA is entitled to remove my name from membership register permanently.
9. That in the event of going for an employment in any Insurance Companies or any other entity related to Insurance business without surrendering my Membership, the Institute is at liberty to remove my name from the membership register permanently.
10. That I will possess a valid Insurance Surveyor and Loss Assessor License issued by IRDA and I agree to keep it alive during my period of membership with IISLA.
11. That I, further undertake that in the event of my desire to resign from my membership of the Institute or if I am suspended or expelled from the Membership, I will pay all the dues if any and to return Membership Certificate and Identity Card to the Institute.
12. That I affirm that I possess all the necessary qualifications required to become a member of IISLA and the documents produced in such proof are genuine and if any discrepancy is found, I agree that IISLA may take all appropriate action against me and shall have the power to remove me from the register of Membership as per AOA & regulations of IISLA

Solemnly affirmed that the above undertaking affidavit is made with free will and on my own volition upon fully understanding each and every statement therein.

Signed on thisday ofyear 2015

Place :

Signature of the Deponent



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APPLICATION FOR MODIFICATION OF MEMBERS DATA (USE CAPITAL LETTERS)

1. NAME IN FULL (BLOCK LETTERS)

First Name	
Middle Name	
Surname	
Father's Name	

Affix Here Your
Passport Size
Photograph

2. SURVEYOR AND LOSS ASSESSOR LICENCE DETAILS

IIISLA Membership No	
SLA No	
Valid up to	

Signature

3. CATEGORY OF MEMBERSHIP ALLOTTED :-

Licentiate	Associate	Fellow
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(Please Tick the correct box)

4. DETAILS OF CATEGORY ALLOTTED BY IRDA :-

DEPTT.	MOTOR	FIRE	ENGG.	MISC.	MARINE HULL	MARINE CARGO	LOP	OTHERS
CATEGORY								

(Please write Category in correct box)

5. NATIONALITY :

6. ADDRESS FOR COMMUNICATION :

Pin Code - _____

City : _____

State : _____

Zone : _____

Phone : _____

Mobile : _____

E-Mail : _____

7.

A. Academic Qualifications :-

S.N	Name of Examinations Passed	Name of the College/Institution/University	Year of Passing
1.			
2.			
3.			

(Attach copies of Certificates duly self attested)

B. Technical Qualification :-

S.N	Name of Examinations Passed	Branch	Examining authority	Name of the College/Institution/University	Year of passing
1.					
2.					
3.					

(Attach Copies of Certificates duly self attested)

C. Professional/Insurance Qualification :-

S.N	Name of Examinations Passed	Branch	Examining authority	Name of the College/Institution/University	Year of passing
1.					
2.					
3.					

(Attach copies of Certificates duly self attested)

D. Professional / Technical Training Undergone (In Last 5 Years) :-

S.N	Training Conducted by	Conducted at	Subject	Duration (Hrs)
1.				
2.				
3.				
4.				
5.				

(Attach copies of Certificates duly self attested)

8. MEMBER & HIS/HER FAMILY DETAILS (BLOCK LETTERS) :-

RELATION	NAME	D.O.B	AGE	BLOOD GROUP
APPLICANT		□ □ / □ □ / □ □ □ □		
WIFE / HUSBAND		□ □ / □ □ / □ □ □ □		
SON		□ □ / □ □ / □ □ □ □		
SON		□ □ / □ □ / □ □ □ □		
DAUGHTER		□ □ / □ □ / □ □ □ □		
DAUGHTER		□ □ / □ □ / □ □ □ □		

9.

Whether the applicant was any time suspended/ debarred by any insurer /organization, If so, furnish the details.	
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10.

Membership of other professional Institutions If yes, Please furnish details	Membership No./Validity

11. RECOMMENDATION BY UNIT -

<p>I, Coordinator of..... Unit, hereby certify that the particulars given by the applicant has been verified with original. Mr. / Mrs / Miss.....is practicing as an independent surveyor .</p>	
Date:	Signature with Seal

OR

12. RECOMMENDATION BY CHAPTER -

<p>I, Chapter Chairman ofChapter hereby certify that the particulars given by the applicant has been verified with original. Mr. / Mrs / Miss.....is practicing as an independent surveyor .</p>	
Date:	Signature with Seal

13.

I enclose the following -

1. Self attested copies of all Certificates, Surveyor License, IISLA Membership, Letter of IRDAI and/or Insurer for which Department allocated.
2. Two recent passport size photograph in addition to the one pasted on application, and another one on the undertaking.
3. Duly Signed Affidavit on Rs.20/- Indemnity Bond Paper.

4. Copies of all Licenses (Old and Renewed One) of SLA as detailed here under :-

- i. Period - to
- ii. Period - to
- iii. Period - to
- iv. Period - to
- v. Period - to
- vi. Period - to



Date :

Place :

Signature of the Applicant