



**INDIAN INSTITUTE OF INSURANCE SURVEYORS AND LOSS ASSESSORS**  
(Promoted by IRDA, Govt. of India)

Regd. Office:-315, Paras Chambers, D.No.-3-5-890, HimayatNagar, Hyderabad-500029(TS)

Email: admin@iiisla.co.in \_Web-site: www.iiisla.co.in

Phone: 040-66253666, 040-23261072 & 040-23261073.

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**ALL CORRESPONDENCE SHOULD BE MADE TO ADMIN OFFICE ONLY.**

1. Please read carefully the instructions before filling the application form.
  - a) Fill in every column which are applicable. Incomplete applications or improperly filled and typed written applications will be rejected (Please follow up the guidelines for filling the application).
  - b) Payment should be made by the demand draft in the name of Indian Institute of Insurance Surveyors & Loss Assessors, payable at Hyderabad.
  - c) Applicant should mention his name and SLA number on the back side of the demand draft.
2. Please note that payments to be made by Demand Draft only; in any other form fee shall not be accepted.
3. As per rules of the Institute, only one category will be allotted. Please indicate carefully your choice of only one category.
4. Applicant must be having the valid Surveyor's license issued by IRDA and should be suitably qualified for categories to become a member. It is essential to provide an Self attested copy/ Notary of the Surveyor's License issued by IRDA with relevant University Degree/ Diploma/ Certificates and Proof of Date of Birth. Do not send Marks Sheets as substitute for the Degree/Diploma/Certificate.
5. Valid proof of Date of Birth may be SSC/HSC certificate showing the Date of Birth /Municipal Birth certificate /Passport /Driving License /Aadhar Card/PAN Card.
6. All the documents should be enclosed with the application size and attached at the end of the application.
7. Send clear and readable copies of the documents. Unreadable documents will mean rejection of the application.
8. Duly filled in application form in all respect along with the supporting documents should be sent to the Administrative Office Address.
9. No enquiries regarding the progress of your application will be entertained within 15 working days from the date of receipt of application.

# For Applicants Seeking Membership of IISLA

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## 1. MEMBERSHIP OF THE INSTITUTION :

The membership of the institute is restricted only to individuals holding a valid Survey and Loss Assessor license issued by IRDA and who are duly categorized to practice as an independent Insurance Surveyor and Loss Assessor.

There are Four Grades of Membership - FELLOW, ASSOCIATE, LICENTIATE and STUDENT.

## 2. MINIMUM ELIGIBILITY CRITERIA :

### 2.1 ELIGIBILITY OF FELLOW MEMBER:

Any Associate Member of the Institute holding membership of IISLA for a period not less than 3 Years and holding valid License continuously and active practitioner for a period not less than 16 years.

### 2.2 ELIGIBILITY OF ASSOCIATE MEMBER:

Any Licentiate Member of the Institute holding membership of IISLA for a period not less than 3 Years and holding valid License continuously and active practitioner for a period not less than 8 years.

### 2.3 ELIGIBILITY OF LICENTIATE MEMBER:

Any person holding valid license and Categorized as defined in the IRDA Regulation.

### 2.4 ELIGIBILITY OF STUDENT MEMBER:

Person who have required eligibility criteria as per IRDA Regulation shall be eligible for Student Membership and/or shall be eligible for student membership after they have passed the examination prescribed by the Institution.

## 3. AMOUNT PAYABLE AND SUBSCRIPTION :

### 3.1 Amount payable along with the Application form & Annual Subscription –

S.No	Grade	Admission Fee	Annual Subscription
1.	Licentiate	Rs. 10000/- + GST	Rs. 1000/- + GST

3.2 All subscriptions shall become due and payable on selection and subsequently on the 31<sup>st</sup> day of March every year.

3.3 Once the application is approved by the membership committee, the demand note will be Send by mail following which only, DD has to be drawn in favour of IISLA payable at Hyderabad.

## 4. PAYMENT OF ADMISSION FEE AND SUBSCRIPTION :

Every Member of the Institution, shall pay the admission fee and first year's subscription along with application form for seeking membership. Such subscription shall be considered as paid only up to the 31<sup>st</sup> March of that particular financial year.

5. INDICATION OF CORPORATE MEMBERSHIP :

Corporate Member shall be entitled to affix to his name the following to indicate his membership of the Institute:

Fellow Member	- FIIISLA
Associate Member	- AIIISLA
Licentiate Member	- LIISLA

The Council may from time to time approve further suffixes and shall give notification thereof to the Corporate Members, but no suffix may be used unless and until notice of such approval by the Central Council has been given.

6. CERTIFICATES :

The membership certificate and Identity card shall be given to each corporate member after he has been duly selected and has paid his entrance fee & first year's subscription fee.

The certificates and Identity card are the property of the Institute and must be returned as and when membership ceases. Student members will also receive membership certificate and Identity card which is valid for one year from the date of issuance.

**Application form duly filled in along with necessary enclosures are to be sent through Unit and Chapter/Zone to the Administrative Office.**

(The affidavit should be signed on a legal paper of Rs. 10.00 and should be duly certified by a Notary or 1<sup>st</sup> class Magistrate)

## AFFIDAVIT

I.....S/O.....R/O ----  
----- hereby declare and affirm as below -

1. That my address in Surveyor License is ----- and my correspondence address is ----- .
2. That I am an IRDAI Approved licensed Surveyor and loss Assessor and my license no is SLA----- valid upto----- . That my first license issued by Authority (controller or IRDAI) was dated
3. That I am a member of Indian Institute of Insurance Surveyors and Loss Assessors (IISLA) and my membership no. is -----
4. That I am practicing as surveyor and loss Assessor as –
  - a. Independent Surveyor and work only on appointment of insurers or insured for issuance of my report of loss assessment.
  - b. Director of a surveyor company/Partner of Surveyor Firm namely -----having IRDAI license no SLA ----- and survey the claims as per surveyor’s code of conduct laid by the IRDAI and IISLA.
  - c. I am an employee of corporate surveyor company namely ----- having IRDAI license no SLA ----- and the same is endorsed/not endorsed in my license.
  - d. I am an employee of Insurance Company namely -----and carry out survey only for the employer company strictly as per Act and/or IRDA regulations from time to time. That the same is endorsed in my license.(Strike out whichever is not applicable)
5. That in case there is any change in my status as declared above, the same shall be informed to IISLA within 15 days of such change, failing which Institute shall be at liberty to cancel my Membership without any notice.
6. That if any information above is found to be incorrect, Institute shall have the right to take Action as per law and rules there in.

I hereby declare and affirm under affidavit that above declaration is true and correct and nothing is concealed there in.

Signature of the Deponent

Verification

I hereby declare and affirm that the contents above are correct and true to my knowledge and nothing is concealed thereof.

Witness my hand this .....day of .....year  
Place :

Signature of the Deponent



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## APPLICATION FOR MEMBERSHIP ENROLLMENT

( USE CAPITAL LETTERS )

**1. NAME IN FULL (BLOCK LETTERS)**

First Name	
Middle Name	
Surname	
Father's Name	

Affix Here Your  
Passport Size  
Photograph

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Signature

**2. SURVEYOR AND LOSS ASSESSOR LICENCE DETAILS**

SLA No	
Valid up to	

**3. CATEGORY OF MEMBERSHIP TO THE INSTITUTE APPLIED FOR :-**

Licentiate	<input type="checkbox"/>
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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 :**

PERMANENT ADDRESS	PRESENT ADDRESS
<p>_____</p> <p>_____</p> <p>City _____ Pincode : _____</p> <p>State : _____</p> <p>Phone : _____</p> <p>Mobile : _____</p> <p>E-Mail : _____</p>	<p>_____</p> <p>_____</p> <p>City _____ Pincode : _____</p> <p>State : _____</p> <p>Phone : _____</p> <p>Mobile : _____</p> <p>E-Mail : _____</p>

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 attested by a Supporter with his Seal)

**B. Technical Qualification**

:-

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

( Copies of Certificates attested by a Supporter with his Seal)

**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 attested by a Supporter with his Seal)

**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 attested by a Supporter with his Seal)

8. Please indicate the Number of years practicing as a Surveyor- Supporter's Initial\*

Less than 8 Years		
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(Please tick the appropriate box)

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

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

10.

Whether the applicant was any time suspended/ debarred by any insurer /organization, If so, furnish the details.	
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10.1

If in employment- Provide details like Designation, Name, Address & Contact Number of the employer	
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11.

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

12. PAYMENT PARTICULARS

Once the application is approved by the membership committee, the demand note will be Send by mail following which only, DD has to be drawn in favour of IIISLA payable at Hyderabad.

**13. PROPOSER / SUPPORTERS RECOMMENDATION BY FELLOW/ASSOCIATE MEMBER** We the undersigned, recommend Mr./Mrs./Miss..... bearing Lic. No.-..... may be admitted as Licentiate member of the Institute based on the qualifications and particulars provided. Our Initials against items of information in this application indicate that we have verified/confirmed the particulars mentioned in the application form.

S.No	NAME OF THE PROPOSER/SUPPORTER (In Block Letters)	MEMBERSHIP NO.	PROPOSER/SUPPORTERS SIGNATURE
1.			
2.			

*Signature should be those of either Fellow or Associate Member of the Institute who must sign from personal knowledge of the Candidate.*

This Form, after being duly filled in, and signed by at least two sponsors, must be forwarded to the Administrative Office of the Institute through Unit and Chapter/Zone. **IT MUST BE ACCOMPANIED BY ALL THE ATTESTED COPIES OF TESTIMONIALS** as to character and competence, and in confirmation of the statements made by the Candidate only

**14. RECOMMENDATION BY UNIT -**

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 hence, may be admitted as Licentiate /Associate Member of IIISLA.

Date:

Signature with Seal

**15. RECOMMENDATION BY CHAPTER/ZONE -**

I ..... Chairman of..... Chapter/Zone, Hereby certify that the particulars given by the applicant has been verified by me as per recommendation of .....Unit. As Mr./Mrs/ Miss..... Is practicing as an independent surveyor hence, may be admitted as Licentiate /Associate Member of IIISLA

Date:

Signature with Seal



**16. UNDERTAKING / DECLARATION BY APPLICANT ENCLOSURES**

I, do hereby promise that, in the event of my enrollment as a Associate / Licentiate Member, I will be governed by the bye-laws and regulations under Memorandum and Article of Association of Indian Institute of Insurance Surveyors and Loss Assessors, as they now are, or as they may hereafter be altered time to time and that, I will accept the decisions of the Council in all matters dealt with by them in accordance with the provisions to the bye-laws, code of ethics and will forthwith cease to describe myself as a Member or to designate myself as belonging to the Institution in any other form, on receipt of a notice from Institute that, acting under powers conferred upon them by the bye-laws and regulations, the Council have declared me to be no longer a Member of the Institution. I undertake that I will promote the objects of the Institute and to abide by the code of conduct and Ethics of the Institute as amended from time to time.

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.

**Witness my hand this .....day of .....year .....**

**Place :**

**Signature of the Applicant**

**17.**

**I enclose the following -**

1. Copies of Certificates, Surveyor License held by me presently and in the past attested by a Supporters (with his Seal) or attested by a Notary.
2. Three passport size photograph in addition to the one pasted on application, and another two on the undertaking.
3. Duly Signed undertaking /Affidavit
4. Identity card application form; Duly filled.
5. Copies of certificates duly certified by supporters with seal & signature
6. Copies of all Licenses ( Old and Renewed One ) of SLA as detailed here under :-

**Date :**

**Place :**

**Signature of the Applicant**

The application of Mr./ Miss/ Mrs..... bearing License No..... Date of Exp. ....is considered / enrolled as an Licentiate Member based on the recommendation of..... Unit and----- Chapter and as approved in the Membership Committee Meeting held on.....at..... and Awarded the Membership

No.- .....

**Chairman/President**  
**1.Membership Committee**      **2. Member**      **3.Member**      **4. Member**

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**FOR OFFICE USE ONLY**

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**FOR ACCOUNTS DEPARTMENT**

Received Rs...../- vide Cheque/Draft No..... Dated...../..... /..... By(Banker's Name).....Vide Receipt No. ....Dated:- ...../ /.....

Date :  
 ( Accountant )      (Office Secretary )

Application No.....received on ..... for Financial Year .....

with Rs...../- vide Cheque /Draft No..... Dated ... .. /...../..... By (Banker's Name) .....Vide Receipt No. .... Dated:- ...../ /..... through ..... ( Zone / Chapter) ..... Unit

Certificate of Membership No.....sent on ..... year

Date :  
 Administrative Secretary



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### Application for New Identity Card / Certificate

Membership No.

To  
The Administrative Secretary  
IIISLA, Hyderabad.

Sir,

Sub: Issue of New ID Card and Certificate.

Request you to issue me the the New ID Card and Membership Certificate. Please find enclosed data required to be printed on my ID Card and Certificate.

1. Name :
2. Address :
3. SLA No. :
- Valid Upto :
4. Date of Birth :
5. Blood Group :
6. Phone No. :
7. Mobile No. :
8. E-mail ID :
9. PAN No. :

# IIISLA

Thanking you,

Signature of Applicant