

# INDIAN INSTITUTE OF INSURANCE SURVEYORS AND LOSS ASSESSORS

(Registered under Section 25 of Companies Act 1956) ( Promoted by IRDA, Govt. of India )

Adm. Office:-315, Paras Chambers, D.No.-3-5-890, Himayat Nagar, Hyderabad-500029(A.P) Registered Office: Parishram Bhawan, 5-9-58/B, Basheer Bagh, Hyderabad-500004(A.P) e.mail: admin@iiisla.co.in, Web-site: www.iiisla.co.in

#### ALL CORRESPONDENSE SHOULD BE MADE AT ADMIN OFFICE ADDRESS.

- 1. Please read carefully the instructions before filling the Application Form.
  - (a) Fill in every column which are applicable. Incomplete applications or improperly filled applications will be rejected.
  - (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 behind the demand draft.
- 2. As per rules of the Institute only one category is allotted. Please indicate carefully your choice of only one category.
- 3. Applicant must be a having the Surveyor's license issued by IRDA and should be suitably qualified for categories to become a member. It is essential to provide an attested copy 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.
- **4.** Valid Proof of Date of Birth may be- SSC / HSC certificate showing the Date of Birth / Municipal Birth certificate / Passport.
- 5. All the document enclosed with your application should be properly folded to one size and attached at the end of the application. These should not be placed between the pages of the application. A list of documents provided should be given in a covering letter for proper identification. Do not use different colour inks to fill 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 progress of your application will be entertained with in 14 days from the date of receipt of application.

# For Applicants Seeking Membership of IIISLA

#### 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.

The **Student** member shall not be a corporate member of the Institute.

#### 2. MINIMUM ELIGIBILITY CRITERIA

#### 2.1 ELIGIBILITY OF FELLOW MEMBER:

i) Any Associate Member of the institute holding valid license continuously for a period not less than 16 years and Categorized as defined herein; who is in the profession of Surveyor & Loss Assessor and upon completion of such training, seminars etc as prescribed by the institute & IRDA.

#### 2.2 ELIGIBILITY OF ASSOCIATE MEMBER

i) Any person holding valid license continuously for a period not less than 8 years and Categorized as defined herein; who is in the profession of Surveyor & Loss Assessor and upon completion of such training, seminars etc as prescribed by the institute & IRDA.

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ii) Any person upon passing of such examination and completion of such training as may be prescribed and having completed the duration of continuous 8 years of holding license, and who is in the profession of Surveyor & Loss Assessor.

#### 2.3 ELIGIBILITY OF LICENTIATE MEMBER

i) Any person holding valid license and categorized as defined herein and who is in the profession of Independent Insurance surveyors and Loss assessors and upon completion of such training, seminar etc. as prescribed by the institute and IRDA.

or

ii) Any person upon passing of such examination and completion of such training as may be prescribed in the regulations who is having a valid license issued by IRDA.

or

ii) Have passed the examination of Associate as prescribed by the III or IIISLA and worked as a Trainee Surveyor for minimum 2 years.

#### 2.4 ELIGIBILITY OF STUDENT MEMBER

Persons who have eligibility for such criteria as Council approve 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.N	Grade	Admission Fee	Annual Subscription
1.	Associate	Rs.15000/-	Rs.1500/-
2.	Licentiate	Rs. 10000/-	Rs. 1000/-
3.	Student	Rs. 1500/-	-

3.2 All Subscriptions shall become due and payable on selection and subsequently on the 31st day of March every year.

#### 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 31st March following, except in the case of those selected after month of November, in which case the subscription shall be deemed to

be paid in respect of the ensuing year. Person awarded as member of IIISLA during the 1st Day of April to 1st day of November in any year shall pay full year's subscription for the current 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 - LIIISLA

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. All the certificates and Identity cards are the property of Institute and must be returned as and when membership ceases. Student member shall not be entitled to receive any membership certificate or Identity card.

7. The Student is enrolled for the purpose of under going training and to enroll as a trainee surveyor under the regulation of IRDA and AOA of Institute. He/She can not practice as an Surveyor and Loss Assessor.



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	APP	LICATIO	N FOR I	MEMBE	RSHIP	( USE CAPITAL LET	TERS)		
1.	NAME IN FULL (BL	- .OCK LET	TERS)				:-		
	First Name	-							Here Your port Size
	Middle Name	Con Park	088	ASS,	380			Pho	tograph
	Surname				350	b		L PIII	1001/2011
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2.	SURVEYOR AND L	OSS ASSI	ESSOR I	LICENC	E DETA	ILS	:-	Sign	ature
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	Valid up to						F1		
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4.	DETAILS OF CATEGORY ALLOTTED BY IRDA			1:-			. 05		
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	CATEGORY	1/20	(Please w	rite Catego	ry in corre	ect box)			
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	-Mail ·			Mobile:					

# A. Educational 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 or a Gazetted Officer 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.	Olid	# EO			
2. (	15 Sec.		A TANK	230	
3. t	77			- W	

Copies of Certificates attested by a Supporter or a Gazetted Officer 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.	E		200		U
2.	100	Harana da A			7.0
3. (	10	MIEG		9	

( Attach copies of Certificates attested by a Supporter or a Gazetted Officer with his Seal)

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

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

( Attach copies of Certificates duly attested by a Supporter or a Gazetted Officer with his Seal)

9. Please indicate the Number of years you	are working as a Surveyor	Supporter's Initial*
	Less than 8 Years	
	Between8-16 Years	
	More than 16 Years	
	(Please tic	ck the appropriate box)
. DATE OF BIRTH :-	/ / Age:-	Yrs
	(MM) (YYYY)	
Apart form being a surveyor, whether eng		
in any other profession / occupation. If y provide the details. If in employment		
details like Designation, Name, Address		
Number of the employer.	& Contact	
Trained of the children		
Mrs. C.	Str. William	
	S. A. T. S.	
Whether the applicant was any time su	ispended/	
debarred by any insurer /organizatio		
furnish the details.		
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1131 2	60, 100	10.00
Membership of other professional Institut	ions	
If yes, Please furnish details		
A Francisco	10 may 10 m	(10cz (1))
1 0 m		
100		
2 1/2	0	
. SUPPORTERS RECOMMENDATION FROM	M FELLOW / ASSOCIATE N	<u>MEMBER</u> )
All a little and a	-	
We the undersigned, recommend Mr./Mrs	s/Miss	
to become a Fellow/Associate/Licentiate	member of the Institute prov	rided he/she passes the
qualifying examination and has requi	red qualifications. Our in	itials against items of
information in this application indicate t	hat we have verified / con	firmed the particulars
mentioned in the application form.		,
The state of the s		
S.N NAME & ADDRESS OF THE SUPPO	RTER SUPPORTERS	SIGNATURE
(in Block Letters)	MEMBERSHIP NO	
1.		
2.		
<del>-</del>		

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, may be forwarded to the Office of the Institute. 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 in this Application.

ir	Enclosed herewith the demand n the name of Indian Institute of Hyderabad.			
Solen best o provi	mnly confirm and declare that the of my knowledge and belief. I havisions and Code of Ethics of the ertaking in my knowledge.	particulars given in the aberead out thoroughly all the	oove application are true to the ne Acts, rules, regulation,	;
Place Date	ENORS & LOS	EQUITE PO	(Signature of the Applicant	·)
15. <u>F</u>	RECOMMENDATION BY- ZON	NE - / CHAPTER	/ UNIT :-	
	I recommend Mr./Miss/Fellow/Associate/Licentiate /S information in this application in Unit Co-ordinator / Chapter Cl	ndicate that we have confir	Our <i>initials</i> against items med the particulars.	a s of
•	El a			
16. <u>/</u>	APPROVAL FROM CENTRAL I	MEMBERSHIP COMMIT	<u>гтее</u> :-	
	Mr/Miss/Mrsis aw is aw of the regulations under Memorandum a Insurance Surveyors and Loss Asse	varded as a Fellow/Associa Institute. As per undertak and Article 12 of Articles of	bearing License Nate/Licentiate/Student vide M.ing the member should follow	No the
	Chairman Membership Committee	Vice President	Administrative Secret	ary

15. PAYMENT PARTICULARS-



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UNDERTAKING BY APPLICANT

	Stamp Size	To the Council of the Indian Institution	bearing License No SLA	valid up to
	Photograph and One on	Address		
	Application	State	Pin Code:e	e-mail id
	Form and Tag 2 more with the Form	desire to be admitted to the Indian Institute of Fellow/Associate/Licentiate/ Student member of accordance with the rules /bye-laws as they now solution I append hereto a full and accurate statement of response to the statement of the statement	r for any category for which stand or as they hereafter be	the Council thinks me eligible, in altered.
			NDERTAKING	STIGE.
	Signature	: I; the undersigned; do hereby declare and affir		v selection as a Fellow/Associate/
	N.B. :-  1. Application	Licentiate/Student Member, I will be governed by 12 of Articles of Association of Indian Institute of as they may hereafter be altered and that, I will a	the bye-laws and regulation Insurance Surveyors and L	ns under Memorandum and Article oss Assessors, as they now are, or
	will not be considered without the photograph and the attested copies of testimonials	them in accordance with the provisions to the bye to describe myself as a Member or to designate receipt of a notice from Institute that, acting regulations, the Council have declared me to be promote the objects of the Institute. I also undert Ethics that the Council of the Institute as amend	-laws, code of ethics and remyself as belonging to the under powers conferred under laws a Member of the ake to abide by the profession	egulations and will forthwith cease Institution in any other form, on upon them by the bye-laws and Institution. I undertake that I will
	2. D/D should be drawn in favour of the IIISLA and crossed. The amount shall	I, further UNDERTAKE that in the event of my deexpelled from the Membership of the Institution, return to the Institute its Membership Certificate President for the time being such desire to resign Institution, I shall (after complying with this UNDE	I will pay the current subsci ate and Membership Card a from the Institution or exp	ription fees and arrears if any and On signifying in writing to the celled from the membership of the
	be refunded in the event of the application being refused after deducting Rs. 1000/- as incidental charges	I also UNDERTAKE that the Institute is entitled to if any or other dues from me through Hyderaba expenses incurred in this respect by the Institut contained in this application with regard to my qualidity of my selection shall depend upon the ad Institution.  Further, I also agree that I will not write myse suspended. I will withdraw in writing myself as a	d Court of Law and I will te. I accept responsibility for ualifications and experience curacy of such particulars a elf as member; in the ever	be responsible to pay the cost of or the accuracy of the particulars and agree that if I am elected the as required by the bye-laws of the
		C. T. LALEN STORY		
		Witness my hand thisday ofyea Place :	r	Signature of the Applicant
	Enclose a deman	umns in CAPITAL letters d draft of Rs. /- drawn in favour of " Indian urance Surveyors & Loss Assessors" Payable at		/-Vide Receipt No
3.		to a higher grade, mention 'Transfer to a Higher of the application. Enclose a demand draft of	Dated://	·
	K3.500/ -		{Accountant}	(Secretary)
		iceon Dated//By(Banker's Name		
		nittee Meeting held on at  ATE / LICENTIATE and Awarded the Membership		
ς	ignature		Deferred or Decl	ined on year
3	•	nairman( Membership Committee)		sent on year
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### **ENCLOSURES**

I	enclose	the	fol	Iowina	_

1.	Copies of Certificates, Surveyor License held by me presently and in the past attested by a
	Supporters or a Gazetted Officer (with his Seal) or attested by a Notary.

2.	Two passport size photograph	in	addition	to th	he one	pasted	on	application,	and	another	on
	the undertaking.		EQ/	m	The second	20.					

	Sup	porters or a Gazette	d Officer (with his Seal)	or attested by a Notary.	,				
2.		passport size photo undertaking.	ograph in addition to th	ne one pasted on application	on, and another or				
3.	Dul	y Signed undertakin	g.	- All					
4.	Ban	essors' payable at Hy	yderabad.	/- issued by , n Institute of Insurance r form shall not be accepted by th	Surveyors & Loss				
5.	Cop 1. 2. 3. 4. 5.	ies of Certificates	STITE STATES		H				
6.	Сор	Copies of Surveyor Licenses							
	1.	SLA No	Valid from	to					
	2.	SLA No	Valid from	to					
	3.	SLA No	Valid from	to					
	4.	SLA No	Valid from	to					
	5.	SLA No	Valid from	to					
	6	SLA No	Valid from	to					

Application form duly filled in along with necessary enclosures and fee are to be sent at the Adminstrative Office.