



INDIAN INSTITUTE OF INSURANCE SURVEYORS AND LOSS ASSESSORS

(Reg.U/S 25 of Companies Act 1956 Promoted by IRDA, Govt. of India)

Regd. Off.: - Parishram Bhawan,5-9-58/B,Basheerbagh, Hyderabad- 500004

Adm.Off: 315,ParasChambers,D.No.-3-5-890,HimayatNagar,Hyderabad-500029

Phone No : 040-66253666 ; e.mail: admin@iiisla.co.in , Web: iiisla.co.in

STUDENT ENROLLMENT FORM

1. Name : _____
2. Father's Name : _____
3. Date of Birth : _____
4. Address for Communication
House No. /Street : _____
City/Town : _____
District : _____
State : _____
Pin Code : _____

STD Code	Phone No	Mobile	E-Mail

5. Nationality : _____

6. Qualifications :

A. Academic Qualifications -

S.N	Name of Examination	Name of the School/College/University	Year of Passing
1.			
2.			
3.			

B. Professional Qualification :-

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

C. Insurance Qualification :-

S.No	Name of Examinations Passed	Branch	Examining authority	Name of the College/Institution/University	Year of passing
1.					
2.					
3.					

D. Training Attended (if any) :-

S.No	Subject	Conducted on	Conducted at	Subject on	Duration of Training (hrs)
1.					
2.					

7. Options for departments, in which you wish to undergo training

1. _____ 2. _____ 3. _____

8. Name of Trainer Surveyor / Surveyor Firm : _____

SLA No. & Date of Expiry, : _____

Membership No & Validity, : _____
(Copy of License to be enclosed)

Categorisation Details

Department					
Category					

Phone & Mobile No.

Address :

House No. /Street : _____

City : _____

District : _____

State : _____

Pin Code : _____

UNDER TAKING OF TRAINER SURVEYOR/ SURVEYOR FIRM

I/We.....(Name of Surveyor/ Surveyor Firm) bearing Membership No.....and SLA NO.....hereby certify that Mr..... is known to me and he desires to undergo surveyor practical training under my practice in the following department

1. _____ 2. _____ 3. _____

I have verified the information pertaining to educational qualifications (which are recognized by UGC/University/State Board of Technical Education) and Certify that they are true and correct. I am willing to impart the practical training as the IRDA regulations and Institutes guidelines.

Also, I undertake to impart practical training to the best of my knowledge and ability and agree to supervise his/ her performance on a weekly basis base on records to be maintained by the trainee and keep the IRDA and Institute informed about the progress by way of submission of quarterly reports in the form and manner prescribed.

I will adhere the rules & regulations, code of conduct, code of ethics of the institute and other regulatory provisions specified by IRDA for imparting the training.

In case if the training is discontinued, it will be informed to the Institute and IRDA immediately with a copy to the trainee.

Signature _____

Membership No _____

SLA No. _____

Date : _____ Seal of the Office _____

Verification & Recommendation by Unit Coordinator/Chapter /Zonal Chairman/Council Member

I _____ Membership No _____ Unit Coordinator/ Chapter/Zonal Chairman/Council Member hereby certify that the above said information are verified by me and herby recommend Mr. _____ residing at _____ may be enrolled as a student member to enable him to undergo training with Mr. _____ Membership No _____ Residing at _____.

Name of the Unit _____ Chapter _____ Zone _____

Date :- _____ Signature and Seal
(Unit Coordinator/Chapter /Zonal Chairman/Council Member)

FOR OFFICE USE ONLY

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 sent on year

Date :

Administrative Secretary

Approval of the Council

The above applicant Mr._____ is enrolled as Student Member on
_____ Month _____ Year 201_____ and his Enrollment No. is _____.

Date: -

President

Enclosures :-

PLEASE ENSURE : Copies of all educational qualifications notarized

Application for New / Renewal of Identity Card

Membership No.

From

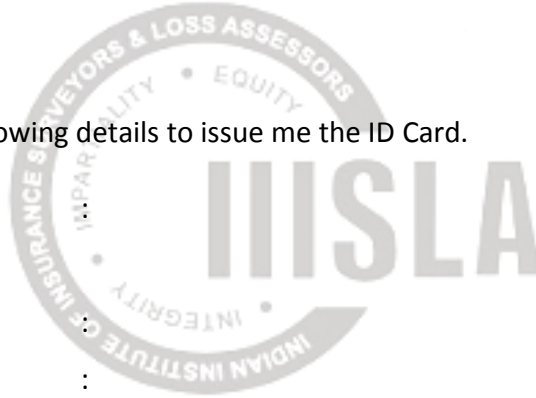
To
The Admin Secretary
IIISLA, Hyderabad.

Sir,

Sub: Issue of ID Card.

I am furnishing the following details to issue me the ID Card.

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



Here with I am enclosing 2 Passport size photos, Xerox copy of License and Rs.150/- DD/Cheque.

Thanking you,

Signature of Applicant

Enclosures :-

1. *Passport size photograph- 3 Nos.*
2. *ID Card Application with Rs.150/- Demand Draft*
3. *Self Addressed stamped envelope with Rs.40 postage.*