



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, Paras Chambers, D.No.-3-5-890, HimayatNagar, Hyderabad-500029

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STUDENT ENROLLMENT FORM

PLEASE FOLLOW THE GUIDELINES GIVEN IN LAST PAGE & FILL THE FORM IN BLOCK LETTERS

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

STD Code	Phone No	Mobile	E-Mail

5. Nationality :

6. Qualifications :

A. Academic Qualifications

S.No	Name of Examination	Name of the School/College/University	Year of Passing
1.			
2.			
3.			

B. Professional Qualification

S.No	Name of Examination	Branch	Durati on	Examining authority	Name of the College/Instiuti on/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. Present Occupation :

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

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

1. _____ 2. _____ 3. _____

9. 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)

I..... S/O.....

Solemnly confirm and declare that the particulars given in the above application are true to the best of my knowledge and belief. **I am aware of that the Student Membership is issued only for Trainee Surveyors and will not entitle me to practice as a Surveyor.** I have read out thoroughly all the Acts, rules, regulation, provisions and Code of Ethics of the institute before signing this application and signed the undertaking in my knowledge.

Place :

Date :

(Signature of the Applicant)

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 & Affidavit

Application for Identity Card

Membership No.

From

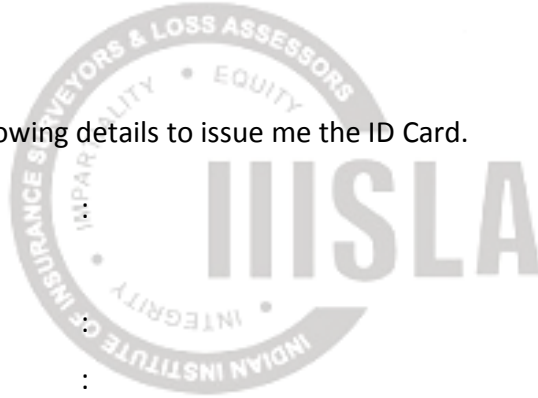
To
The Admin Secretary
IIISLA, Hyderabad.

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. :
10. Affidavit. :



Thanking you,

Signature of Applicant

Enclosures :-

1. *Passport size photograph- 3 Nos.*

GUIDELINES FOR FILLING OF STUDENT MEMBERSHIP APPLICATION FORM

Item No.	Details	Guide lines for the applicant for filling the application
1	Name in Full	NAME IN FULL details are required in BLOCK LETTERS . Mention the Name as in mentioned in Qualification Certificate
2	Father's Name	Name in BLOCK LETTERS
3	Date of Birth	in DD/MM/YYYY form (Proof of the same is to be enclosed)
4	Address	Candidates have to furnish the Present Address and also Permanent Address in BLOCK LETTERS Along with PIN CODE. Legible Phone no. and Email ID are MANDATORY for processing the application. (Copy of the Latest Address Proof to be enclosed)
5	Nationality	INDIAN
6	Qualifications	(A) Academic Qualifications- Details to be mentioned in the Table. (Notarised copies of certificates are to be enclosed)
		(B)Professional Qualifications-Details to be mentioned in the Table- (Notarised copies of certificates are to be enclosed)
		[C] Insurance Qualifications-Details to be mentioned in the Table- (Notarised copies of certificates are to be enclosed)
		(D) Training Attended (if any)- IRDA ENROLLMENT LETTER TO BE ENCLOSED ---Details to be mentioned in the Table
7	Present Occupation	It should be " Trainee Surveyor " or if Employed the details of the employment should be furnished
8	Options for Departments in which...	The details of the departments you wish to undergo training has to be mentioned
9	Name of the Trainer Surveyor/ Surveyor Firm	All the details of the trainer should be mentioned in the relevant columns. If the candidate is undergoing training from Different trainers in Different departments another sheet of the undertaking has to be enclosed by the candidate.(Licence copy of the trainer is to be enclosed)
	UNDERTAKING OF TRAINER....	Trainer has to fill in the details along with seal and signature
	Verification and Recommendation by ZONE.../CHAPTER.../UNIT...	The DESIGNATED PERSON(S) recommending should fill in all the details along with SEAL AND SIGNATURE- without fail which is MANDATORY for issuance of Student Membership
	Declaration by the Candidate	Signature of the candidate applying for membership is MANDATORY
	For Office Use only	For Office Use only

(All the new applicants applying for membership are required to submit the below mentioned affidavit on Indemnity Bond Paper of Rs 20/- duly notarized and enclosed it with the application)

AFFIDAVIT

I.....aged aboutyrs, S/O..... resident of having IRDAI Enrollment No..... and hereby solemnly affirm and declare with full knowledge as follows -

1. That I am a Trainee surveyor from IRDA and will conduct our duties and functions in an impartial, transparent and independent manner as per MOA & AOA of IISLA.
2. That I will act as independent status or as individual status as a director/partner of a Company/Firm ; whose name is exhibited in the License and shall involve only in survey and loss assessment and shall not involve in settlement of claims.
3. That I will carry out all survey works in the personal capacity for which job 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 .
4. That I will also not get involved directly or indirectly with any type of contract survey / network survey / outsourcing of survey jobs .
5. 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.
6. That I shall abide by all duties, responsibilities, code of conduct 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.
7. That I shall abide by the rules, regulations, bye-laws notifications and guidelines under Memorandum and Article of Association of IISLA and I will accept the decisions of the Council in all matters dealt with by them time to time.
8. 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
9. 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 Assessors.
10. 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 me from membership without any notice.
11. That in the event of going for an employment in any Insurance Companies or any other Industry or SLA Company / Firm without surrendering my Membership, the Institute is at liberty to remove my name from the membership register permanently without any notice .
12. 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.
13. 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.

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.

Witness my hand thisday ofyear

Place :

Signature of the Deponent