



INDIAN INSTITUTE OF INSURANCE SURVEYORS AND LOSS ASSESSORS

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

Regd. Office:- # 6-1-73, Flat No.104 & 106 First Floor, Saeed Plaza, Lakdikapool, Hyderabad-500004.

Telephone- 040-23261072, 040-23261073.

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

Ref: Notice/Fellow Members/20-21

FELLOW MEMBERSHIP (Zero Hours)

IRDA categorized survey professionals who have been Associate Members of the Institute and who have been holding a valid survey license for an unbroken period of not less than 25 years as on 31-08-2020 would be eligible for the Fellow membership of the Institute.

Eligible Associate Members of the Institute who have no out standings dues and who have also remitted subscription fees for the year 2020-2021 and are desirous of scaling up their membership from Associate to Fellow, may fill in the prescribed application form appended hereto.

Qualifying Associate Members who are in default and/or are have yet to remit the subscription for earlier years and the current year would be eligible, once all outstanding payments are cleared and the current year's subscription is remitted and the process of application for upgradation is completed before 31/08/2020.

All data sought under the forms must be filled legibly and fully to enable the Institute to consider the application. All applicants are requested to furnish all information called for, with current email address, current cellular mobile number and a soft copy of the latest photograph.

Once the application is approved by the membership committee, the demand note will be send by mail following which the member can make payment online.

For IIISLA,

President.

Encl: a.a



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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.
2. 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 attested copies 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.
3. Valid Proof of Date of Birth may be- SSC / HSC certificate showing the Date of Birth / Municipal Birth certificate / Passport.
4. 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 along with a covering letter for proper identification. Do not use different color inks to fill the application.
5. Send clear and readable copies of the documents. Unreadable documents will mean rejection of the application.
6. Duly filled in Application form in all respect along with the supporting documents and duly recommended by Unit and chapter chairman should be sent to the **Administrative office address.**
7. No enquiries regarding the progress of your application will be entertained within 15 days from the date of receipt of application.
8. **CERTIFICATE & IDENTITY CARD-**
The membership certificate and Identity card shall be sent to the member after he has been duly upgraded. Certificate and Identity card is the property of Institute and must be returned as and when membership ceases.



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Sl. No.

APPLICATION FOR UPGRADATION FROM ASSOCIATE TO FELLOW MEMBERSHIP (ZERO HOURS) (USE CAPITAL LETTERS)

1. NAME IN FULL (BLOCK LETTERS) :-

| | |
|-------------|--|
| First Name | |
| Middle Name | |
| Surname | |

Affix Here Your
Passport Size
Photograph
Photograph One

2. SURVEYOR AND LOSS ASSESSOR LICENCE DETAILS :-

| | |
|-------------|--|
| SLA No | |
| Valid up to | |

Signature

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

| | |
|---------------|--|
| Fellow | |
|---------------|--|

4. DETAILS OF CATEGORY ALLOTTED BY IRDA :- Attach a Copy of letter.

| | | | | | | | |
|-----------------|-------|------|-------|-------|-------------|--------------|-----|
| | MOTOR | FIRE | ENGG. | MISC. | MARINE HULL | MARINE CARGO | LOP |
| CATEGORY | | | | | | | |

(Please write Category in correct box)

5. PRESENT OCCUPATION :-

6. NATIONALITY :-

7. ADDRESS :-

| | |
|---|---|
| <p style="text-align: center;">PRESENT ADDRESS*</p> <p>* All Correspondence will be made at this address.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Pin:..... State:.....</p> <p>Phone:Res-.....Off-</p> <p>Mobile :.....</p> <p>E-Mail :.....</p> | <p style="text-align: center;">PERMANENT ADDRESS</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Pin:..... State:.....</p> <p>Phone:Res-.....Off.....</p> <p>Mobile :.....</p> <p>E-Mail :</p> |
|---|---|

8.

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. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

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. | | | | | |
| 2. | | | | | |

(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* |
| More than 25 Years | | |

10. DATE OF BIRTH

:- / /
 (DD) (MM) (YYYY)

Age:-

| |
|-----|
| Yrs |
|-----|

11.

| | |
|---|--|
| a) Are you working as a Full time Surveyor? b) Whether engaged in any other profession / occupation. If yes, please provide the details. c) If in employment- Provide details like Designation, Name, Address & Contact Number of the employer. | |
|---|--|

12.

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

13.

| | |
|--|--|
| Membership of other professional Institutions If any , Please furnish details | |
| | |
| | |
| | |

14. SUPPORTERS RECOMMENDATION FROM FELLOW MEMBER)

We the undersigned, recommend Mr./Mrs/Miss.....
 to become a Fellow member of the Institute provided he/she passes the qualifying examination and has required qualifications. Our initials against items of information in this application indicate that we have verified / confirmed the particulars mentioned in the application form.

| S.N | NAME & ADDRESS OF THE SUPPORTER (in Block Letters) | SUPPORTERS MEMBERSHIP NO | SIGNATURE |
|-----|---|-----------------------------|-----------|
| 1. | | | |
| 2. | | | |

Signature should be those of either Fellow 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 supporters, may be forwarded to 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.

15. PAYMENT PARTICULARS-

Once the application is approved by the membership committee, the demand note will be Send by mail following which the member can make payment by online.

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 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)

16. 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 Fellow Member of IIISLA.

Date:

Signature with Seal

17. 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 ofUnit. As Mr./Mrs/ Miss..... is practicing as an independent surveyor hence, may be admitted as Fellow Member of IIISLA

Date:

Signature with Seal

18. APPROVAL FROM CENTRAL MEMBERSHIP COMMITTEE :-

Mr/Miss/Mrsbearing License No. – SLA-.....is awarded as a Fellow vide M.No.- of the Institute. As per undertaking the member should follow the regulations under Memorandum and Article 12 of Articles of Association of Indian Institute of Insurance Surveyors and Loss Assessors.

Chairman
Membership Committee

Vice President

Administrative Secretary



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UNDERTAKING BY APPLICANT

To the Council of the Indian Institute of Insurance Surveyors and Loss Assessors (IISLA)

bearing License No.- SLA.....valid up to

S

.....
date.....

Pin Code:-.....e-mail id

desire to be promoted to the Indian Institute of Insurance Surveyors and Loss Assessors (IISLA) as a Fellow member or for any category for which the Council thinks me eligible, in accordance with the rules / bye-laws as they now stand or as they hereafter be altered.

I append hereto a full and accurate statement of my qualifications and experience.

UNDERTAKING

I; the undersigned; do hereby declare and affirm that, in the event of my selection as a Fellow Member, I will be governed by the rules and regulations under Memorandum and Article 12 of Articles of Association of Indian Institute of Insurance Surveyors and Loss Assessors, as they now are, or as they may hereafter be altered 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 rules regulations 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. I also undertake to abide by the professional conduct rules and/or Code of Ethics that the Council 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 Institution or if I am expelled from the Membership of the Institution, I will pay the current subscription fees and arrears if any and return to the Institute its Membership Certificate and Membership Card. On signifying in writing to the President for the time being such desire to resign from the Institution or expelled from the membership of the Institution, I shall (after complying with this UNDERTAKING) be free from the foregoing obligations.

I also UNDERTAKE that the Institute is entitled to recover the current year subscription, arrears of subscription if any or other dues from me through Hyderabad Court of Law and I will be responsible to pay the cost of expenses incurred in this respect by the Institute. I accept responsibility for the accuracy of the particulars contained in this application with regard to my qualifications and experience and agree that if I am elected the validity of my selection shall depend upon the accuracy of such particulars as required by the bye-laws of the Institution.

Further, I also agree that I will not write myself as member; in the event if my membership is ceased / suspended. I will withdraw in writing myself as a Member.

Witness my hand this day ofyear

Place :

Signature of the Applicant

For Office Use-

Received Rs. /-Vide Receipt No.

Dated:-/..... /.....

{Accountant}

{Secretary}

Received by the Office..... on year..... with Rs..... /- vide Cheque/Draft

Dated...../..... /.....By(Banker's Name)..... Approved in the

Membership Committee Meeting held on and Approved by Council as

FELLOW and Awarded the Membership No.-

Signature.....

Deferred or Declined on year

Chairman(Membership Committee)

Certificate of Membership sent on year

ENCLOSURES

I enclose the following -

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 the one pasted on application, and another on the undertaking.
3. Duly Signed undertaking.
4. Once the application is approved by the membership committee, the demand note will be Send by mail following which the member can make the payment online.

(Please note that payments made in any other form shall not be accepted by the Council)

5. Copies of Certificates details

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

6. Copies of Surveyor Licenses

1. SLA No..... Valid from.....to.....
2. SLA No..... Valid fromto.....
3. SLA No..... Valid fromto.....
4. SLA No..... Valid fromto.....
5. SLA No..... Valid fromto.....
6. SLA No..... Valid fromto.....

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

CHECK LIST:

01. Application Form duly completed in all respect.
02. Copy of Qualification Certificates Such as Diploma, Degree, PG, Phd. (Self attested)
03. Copies of SLA licenses – 1st issued and subsequently renewed copies – (Self attested)
04. Affidavit as enclosed duly notarized.
05. IISLA Membership Certificate or Latest Payment Receipt.
06. Passport size photographs – 2 Nos.
07. ID Proof (Any One) - PAN Card / Voter ID Card / Passport - Self attested.
08. Address Proof (Any One) - Adhar Card/Passport / Landline Telephone bill
/ Electricity Bill / Municipal tax receipt.



(The affidavit should be signed on a legal paper of Rs. 10.00 and should be duly certified by a Notary or 1st 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 -----
 4. That I am a member of Indian Institute of Insurance Surveyors and Loss Assessors (IIISLA) and my membership no. is -----
 5. 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 IIISLA.
 - 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)
6. That in case there is any change in my status as declared above, the same shall be informed to IIISLA within 15 days of such change, failing which Institute shall be at liberty to cancel my Membership without any notice.
 7. 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 thisday ofyear
Place:

Signature of the Deponent