

(For NRI/Foreign Candidates)

IIRM INSTITUTE OF INSURANCE AND RISK MANAGEMENT

(Jointly set up by IRDA and Government of Andhra Pradesh)

Plot No.38/39, Financial District, APSFC Building, Ground Floor, Nanakramguda, Gachibowli, Hyderabad – 500 032.
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APPLICATION FOR ADMISSION TO DISTANCE LEARNING PROGRAMMES

Course applied for IPGDI (Life) IPGDI (General) IPGDRM (Risk Management)

Application form No. to be filled by IIRM office

Particulars of Demand Draft for USD 34/- enclosed

D.D.No. Date: Bank & branch:

Affix Photo

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|--|--------------------------|
| Name (as shown in SSC certificate): Mr./Ms.: | _____ |
| Father's Name: | _____ Spouse Name: _____ |
| Date of Birth : | _____ Age : _____ |
| Office Address : | _____ _____ |
| Phone : | _____ Mobile : _____ |
| Residential Address : | _____ _____ |
| Phone : | _____ Mobile : _____ |
| Address for Communication : | _____ _____ |
| Phone : | _____ Email : _____ |

Educational and Professional Qualifications acquired (copies to be enclosed)

| Qualification | Year & Month of passing | University / Institution | Aggregate Percentage |
|---------------|-------------------------|--------------------------|----------------------|
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Particulars of Employment:

| Designation and nature of job | Organization and address | From | To | Number of Yrs. & Mths |
|-------------------------------|--------------------------|------|----|-----------------------|
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DECLARATION OF THE APPLICANT

- I hereby declare that all information furnished by me are true, complete and correct to the best of my knowledge and belief.
- I am aware that I should pass all the subjects with 55% of marks to become eligible for award of IPG Diploma of the Institute and for CII accreditation and that I have to appear re-sit exams, if necessary, to fulfill this condition.
- I am also aware that I have to complete the course in all respects within three years counting from the year of enrolment.

Date:

Place:

Signature of the Applicant: