



INDIAN INSTITUTE OF INSURANCE SURVEYORS AND LOSS ASSESSORS

(Reg. u/s. 25 of Companies Act 1956 - Promoted by IRDA,)
Registered Office :-ParishramBhawan, 5-9-58/B, BasheerBagh , Hyderabad - 500004(A.P)
Adm. Office:-315, Paras Chambers,D.No.-3-5-890,Himayat Nagar, Hyderabad-500029(A.P)
Contact us at - e.mail : admin@iiisla.co.in , Phone - 040-66253666
Visit us at - www.iiisla.co.in

ALL CORRESPONDENCE SHOULD BE MADE TO ADMIN OFFICE ONLY.

1. Please read carefully the instructions before filling the application form.
 - a) Fill in every column which are applicable. Incomplete applications or improperly filled and type written applications will be rejected (Please follow up the guidelines for filling the application).
 - 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 on the back side of the demand draft.
2. Please note that payments to be made by Demand Draft only; in any other form fee shall not be accepted .
3. As per rules of the Institute, only one category will be allotted. Please indicate carefully your choice of only one category.
4. Applicant must be having the valid 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.
5. Valid proof of Date of Birth may be SSC/HSC certificate showing the Date of Birth /Municipal Birth certificate /Passport /Driving License /PAN Card.
6. All the documents should be enclosed with the application size and attached at the end of the application.
7. Send clear and readable copies of the documents. Unreadable documents will mean rejection of the application.
8. Duly filled in application form in all respect along with the supporting documents should be sent to the Administrative Office Address.
9. No enquiries regarding the progress of your application will be entertained within 14 days from the date of receipt of application.

For Applicants Seeking Membership of IISLA

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.

2. MINIMUM ELIGIBILITY CRITERIA :

2.1 ELIGIBILITY OF FELLOW MEMBER :

Any Associate Member of the Institute holding membership of IISLA for a period not less than 3 Years and holding valid License continuously and active practitioner for a period not less than 16 years.

2.2 ELIGIBILITY OF ASSOCIATE MEMBER :

Any person holding valid license continuously and active practitioner for a period not less than 8 years.

2.3 ELIGIBILITY OF LICENTIATE MEMBER :

Any person holding valid license and Categorized as defined in the IRDA Regulation.

2.4 ELIGIBILITY OF STUDENT MEMBEER :

Persons who have required eligibility criteria as per IRDA Regulation 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. No	Grade	Admission Fee	Annual Subscription
1.	Associate	Rs. 15000/-	Rs. 1500/-
2.	Licentiate	Rs. 10000/-	Rs. 1000/-
3.	Student	Rs. 1650/-	-

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 of that particular financial 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	- LIISLA

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. The certificates and Identity card are the property of the Institute and must be returned as and when membership ceases. Student members will also receive membership certificate and Identity card which is valid for one year from the date of issuance.

Application form duly filled in along with necessary enclosures and fee are to be sent through Unit and/or Chapter/Zone to the Administrative Office.

(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 SLA license No..... and hereby solemnly affirm and declare with full knowledge as follows -

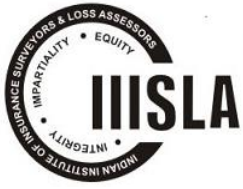
1. That I am a licensed SLA surveyor from IRDA and will conduct our duties and functions in an impartial, transparent and independent manner as per MOA & AOA of IIISLA.
2. That I will act as independent status or as individual status as a director/partner of a Company/Firm ; whose name is exhibited in 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 IIISLA 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 IIISLA. 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 IIISLA 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 IIISLA and the documents produced in such proof are genuine and if any discrepancy is found, I agree that IIISLA 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 IIISLA
9. That I undertake to intimate in advance to IIISLA 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, IIISLA 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 IIISLA.
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



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APPLICATION FOR MEMBERSHIP ENROLLMENT (USE CAPITAL LETTERS)

1. NAME IN FULL (BLOCK LETTERS)

First Name	
Middle Name	
Surname	
Father's Name	

Affix Here Your
Passport Size
Photograph

2. SURVEYOR AND LOSS ASSESSOR LICENCE DETAILS

SLA No	
Valid up to	

Signature

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

Associate	Licentiate
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(Please Tick the correct box)

4. DETAILS OF CATEGORY ALLOTTED BY IRDA :-

DEPTT.	MOTOR	FIRE	ENGG.	MISC.	MARINE HULL	MARINE CARGO	LOP	OTHERS
CATEGORY								

(Please write Category in correct box)

5. NATIONALITY :-

6. ADDRESS FOR COMMUNICATION :

PERMANENT ADDRESS	PRESENT ADDRESS
<p>City _____ Pincode : _____</p> <p>State : _____</p> <p>Phone : _____</p> <p>Mobile : _____</p> <p>E-Mail : _____</p>	<p>City _____ Pincode : _____</p> <p>State : _____</p> <p>Phone : _____</p> <p>Mobile : _____</p> <p>E-Mail : _____</p>

7.

A. Academic 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 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 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.					
3.					

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

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

S.N	Training Conducted by	Conducted at	Subject	Duration (Hrs)
1.				
2.				
3.				
4.				
5.				

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

8. Please indicate the Number of years practicing as a Surveyor- Supporter's Initial*

Less than 8 Years		
8 - 16 Years		
More than 16 Years		

(Please tick the appropriate box)

9. **MEMBER & HIS/HER FAMILY DETAILS (BLOCK LETTERS) :-**

RELATION	NAME	D.O.B	AGE	BLOOD GROUP
APPLICANT		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
WIFE / HUSBAND		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
SON		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
SON		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
DAUGHTER		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
DAUGHTER		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

10.

Whether the applicant was any time suspended/ debarred by any insurer /organization, If so, furnish the details.	
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11.

Membership of other professional Institutions If yes, Please furnish details	Membership No./Validity

12. **PAYMENT PARTICULARS**

Enclosed herewith the Demand Draft/Cheque for Rs. _____ issued by _____
(Bank Name & Place) Bearing No. _____ Dated _____ in favour of INDIAN
INSTITUTE OF INSURANCE SURVEYORS AND LOSS ASSESSORS payable at Hyderabad.

13. PROPOSER / SUPPORTERS RECOMMENDATION BY FELLOW/ASSOCIATE MEMBER

We the undersigned, recommend Mr./Mrs./Miss..... bearing Lic. No.-..... may be admitted as Associate/Licentiate member of the Institute based on the qualifications and particulars provided. Our Initials against items of information in this application indicate that we have verified/confirmed the particulars mentioned in the application form.

S.No	NAME OF THE PROPOSER/SUPPORTER (In Block Letters)	MEMBERSHIP NO.	PROPOSER/SUPPORTERS SIGNATURE
1.			
2.			

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, must be forwarded to the Administrative Office of the Institute through Unit and Chapter/Zone . **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 only

14. 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 Licentiate /Associate Member of IIISLA.

Date:

Signature with Seal

15. 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 Licentiate /Associate Member of IIISLA

Date:

Signature with Seal

16. UNDERTAKING / DECLARATION BY APPLICANT ENCLOSURES

I, do hereby promise that, in the event of my enrollment as a Associate / Licentiate Member, I will be governed by the bye-laws and regulations under Memorandum and Article of Association of Indian Institute of Insurance Surveyors and Loss Assessors, as they now are, or as they may hereafter be altered time to time 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 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 and to abide by the code of conduct and Ethics 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 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.

Witness my hand thisday ofyear

Place :

Signature of the Applicant

17.

I enclose the following -

1. Copies of Certificates, Surveyor License held by me presently and in the past attested by a Supporters (with his Seal) or attested by a Notary.
2. Three passport size photograph in addition to the one pasted on application, and another two on the undertaking.
3. Duly Signed undertaking /Affidavit
4. Identity card application from ; Duly filled.
5. Demand Draft vide No..... dated..... for Rs...../- issued by..... and drawn in favour of 'Indian Institute of Insurance Surveyors & Loss Assessors' payable at Hyderabad.
6. Copies of certificates duly certified by supporters with seal & signature
7. Copies of all Licenses (Old and Renewed One) of SLA as detailed here under :-

Date :

Place :

Signature of the Applicant



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(Promoted by IRDA, Govt. of India)

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mail: admin@iiisla.co.in, iiisla.ad2013@gmail.com Web-site: www.iiisla.co.in

Phone: 040-66253666,040-23261072 & 040-23261073.

Application for New Identity Card / Certificate

Membership No.

To
The Administrative Secretary
IIISLA, Hyderabad.

Sir,

Sub: Issue of New ID Card and Certificate.

Request you to issue me the New ID Card and Membership Certificate. Please find enclosed the data required to be printed on my ID Card and Certificate.

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

Thanking you,

Signature of Applicant