

INDIAN INSTITUTE OF INSURANCE SURVEYORS AND LOSS ASSESSORS

(Registered under Section 25 of Companies Act 1956) (Promoted by IRDA, Govt. of India) Adm. Office:-315, Paras Chambers, D.No.-3-5-890,Himayat Nagar, Hyderabad-500029(A.P) Registered Office :- Parishram Bhawan, 5-9-58/B, Basheer Bagh, Hyderabad-500004(A.P) e.mail : admin@iiisla.co.in, Web-site : www.iiisla.co.in

ALL CORRESPONDENSE SHOULD BE MADE AT ADMIN OFFICE ADDRESS.

- 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.
 - (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 behind the demand draft.
- 2. As per rules of the Institute only one category is allotted. Please indicate carefully your choice of only one category.
- 3. 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 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.
- 4. Valid Proof of Date of Birth may be- SSC / HSC certificate showing the Date of Birth / Municipal Birth certificate / Passport.
- 5. 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 in a covering letter for proper identification. Do not use different colour inks to fill the application.
- 6. Send clear and readable copies of the documents. Unreadable documents will mean rejection of the application.
- 7. Duly filled in Application form in all respect along with the supporting documents should be sent to the Administrative office address.
- 8. No enquiries regarding the progress of your application will be entertained with in 14 days from the date of receipt of application.

For Applicants Seeking Membership of IIISLA

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.

The **Student** member shall not be a corporate member of the Institute.

2. MINIMUM ELIGIBILITY CRITERIA

2.1 ELIGIBILITY OF FELLOW MEMBER :

i) Any Associate Member of the institute holding valid license continuously for a period not less than 16 years and Categorized as defined herein; who is in the profession of Surveyor & Loss Assessor and upon completion of such training, seminars etc as prescribed by the institute & IRDA.

2.2 ELIGIBILITY OF ASSOCIATE MEMBER

 Any person holding valid license continuously for a period not less than 8 years and Categorized as defined herein; who is in the profession of Surveyor & Loss Assessor and upon completion of such training, seminars etc as prescribed by the institute & IRDA.

or

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ii) Any person upon passing of such examination and completion of such training as may be prescribed and having completed the duration of continuous 8 years of holding license, and who is in the profession of Surveyor & Loss Assessor.

2.3 ELIGIBILITY OF LICENTIATE MEMBER

- Any person holding valid license and categorized as defined herein and who is in the profession of Independent Insurance surveyors and Loss assessors and upon completion of such training, seminar etc. as prescribed by the institute and IRDA.
- or ii) Any person upon passing of such examination and completion of such training as may be prescribed in the regulations who is having a valid license issued by IRDA.

or

ii) Have passed the examination of Associate as prescribed by the III or IIISLA and worked as a Trainee Surveyor for minimum 2 years.

2.4 ELIGIBILITY OF STUDENT MEMBER

Persons who have eligibility for such criteria as Council approve shall be eligible for Student Membership and/or shall be eligible for Student Membership after they have passed the examination prescribed by the Institution.

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3. AMOUNT PAYABLE AND SUBSCRIPTION

3.1 Amount payable along with the Application form & Annual Subscription-

S.N	Grade	Admission Fee	Annual Subscription
1.	Associate	Rs.15000/-	Rs.1500/-
2.	Licentiate	Rs. 10000/-	Rs. 1000/-
3.	Student	Rs. 1500/-	-

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.

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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 LIIISLA

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. All the certificates and Identity cards are the property of Institute and must be returned as and when membership ceases. Student member shall not be entitled to receive any membership certificate or Identity card.

7. The Student is enrolled for the purpose of under going training and to enroll as a trainee surveyor under the regulation of IRDA and AOA of Institute . He/She can not practice as an Surveyor and Loss Assessor.



Sl. No.

Signatur

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APPLICATION FOR NEW MEMBERSHIP (USE CAPITAL LETTERS)

1. NAME IN FULL (BLOCK LETTERS)

First Name		Affix Here Your Passport Size
Middle Name	USS ASSES	Photograph Photograph
Surname	E Equ	

2. SURVEYOR AND LOSS ASSESSOR LICENCE DETAILS

AND	The second se	Signature
SLA No		
Valid up to		

3. CATEGORY OF MEMBERSHIP TO THE INSTITUTE APPLIED FOR

Fellow	Associate	Licentiate	Any Other
	(Please Tick the	correct box)	107 U.

4. DETAILS OF CATEGORY ALLOTTED BY IRDA

	MOTOR	FIRE	ENGG.	MISC.	MARINE HULL	MARINE CARGO	LOP
CATEGORY	7.100						

(Please write Category in correct box)

:-

5. PRESENT OCCUPATION

6. NATIONALITY

7. ADDRESS

PRESENT ADDRESS	PERMANENT ADDRESS		
Pin Code :	Pin Code :		
State :	State :		
Phone : (Residence)	Phone : (Residence)		
Phone : (Office)			
Mobile :	Phone : (Office)		
E-Mail :	Mobile :		
	E-Mail :		

A. Educational Qualifications

S.N	Name of Examinations Passed	Name of the College/Institution/University	Year of Passing
1.			
2.			
3.			

:-

1-

(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.	.05	· EO	0		
2.	19 S		1 Miles	5	
3. ≜	01: 72,4				

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.	E.				19
2.	the the	and a second			
3.	80	/MTEG	-		

(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*

	5	11
Less that	n 8 Years	
Between	8-16 Years	
More that	an 16 Years	
	/	

(Please tick the appropriate box)

Yrs 10. DATE OF BIRTH :- / / Age:-(DD) (MM) (YYYY) 11. Apart form being a surveyor, whether engaged in any other profession / occupation. If yes, please provide the details. If in employment- Provide details like Designation, Name, Address & Contact Number of the employer. 6438 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 yes, Please furnish details

14. SUPPORTERS RECOMMENDATION FROM FELLOW / ASSOCIATE MEMBER)

We the undersigned, recommend Mr./Mrs/Miss.....

to become a Fellow/Associate/Licentiate 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 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, may be forwarded to the Office of 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.

14 (a). PAYMENT PARTICULARS-

Enclosed herewith the demand draft for Rs. issued by in the name of Indian Institute of Insurance Surveyors & Loss Assessors payable at Hyderabad.

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.



CHAPTER 15. RECOMMENDATION BY- ZONE -/ UNIT :-

I recommend Mr./Miss/Mrs.....to become a Fellow/ Associate/Licentiate /Student of the Institute. Our *initials* against all items of information in this application indicate that we have confirmed the particulars mentioned in the application. п.

Unit Co-ordinator and Chapter Chairman / Zonal Chairman / Central Council Member

16. APPROVAL FROM CENTRAL MEMBERSHIP COMMITTEE :-

134 NN bearing License No. – Mr/Miss/Mrs..... SLA-.....is awarded as a Fellow/Associate/Licentiate/Student 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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T		UNDERTAKING BY APPLICANT			
	Affix Here Your Stamp Size Photograph and One on Application	To the Council of the Indian Institute of Insurance Surveyors and Loss Assessors (IIISLA)			
		I	5	to	
		Address			
		State	Pin Code:e-mail id		
	Form and Tag 2 more with the		of Insurance Surveyors and Loss Assessors (
	Form	desire to be admitted to the Indian Institute of Insurance Surveyors and Loss Assessors (IIISLA) as a Fellow/Associate/Licentiate/ Student 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.			
	Signature	UNDERTAKING			
	Signature	I; the undersigned; do hereby declare and affir			
	N.B. :-	Licentiate/Student Member, I will be governed by			
		12 of Articles of Association of Indian Institute of Insurance Surveyors and Loss Assessors, as they now are,			
	 Application will not be 	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 regulations and will forthwith cease			
	considered	to describe myself as a Member or to designate myself as belonging to the Institution in any other form, on			
	without the	receipt of a notice from Institute that, acting under powers conferred upon them by the bye-laws and			
	photograph	tograph regulations, the Council have declared me to be no longer a Member of the Institution. Lundertake that Lwi			
		and the			
	attested copies promote the objects of the institute. Taiso undertake to ablde by the professional conduct rules and, of testimonials Ethics that the Council of the Institute as amended from time to time.				
	or testimornars		101 - 101 - 101 - 1010		
2. I, further UNDERTAKE that in the event of my desire to resign from my membership of the Ins			ution or if I am		
	D/D should	expelled from the Membership of the Institution, I will pay the current subscription fees and arrears if any and			
	be drawn in	return to the Institute its Membership Certificate and Membership Card. On signifying in writing to the			
IIISLA and President for the time being such desire to resign from the Institution or expelled from		n from the Institution or expelled from the mer	nbership of the		
	crossed. 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 I also UNDERTAKE that the Institute is entitled to recover the current year subscription, arrears of subscription I also UNDERTAKE that the Institute is entitled to recover the current year subscription, arrears of subscription 			
	amount shall				
	be refunded in				
	the event of				
	the application being refused	expenses incurred in this respect by the Institute. I accept responsibility for the accuracy of the particulars			
	after deducting	deducting contained in this application with regard to my qualifications and experience and agree that if I am elected the			
	Rs. 1000/- as	validity of my selection shall depend upon the accuracy of such particulars as required by the bye-laws of the			
	incidental	Institution.			
	charges	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.			
		ACT STATISTICS			
		Witness my hand thisday ofyear			
		Place :	Signature of the	Applicant	
1. Type or fill all columns in CAPITAL letters					
2. Enclose a demand draft of Rs. /- drawn in favour of "Indian For Office Use-					
Institute of Insurance Surveyors & Loss Assessors" Payable at					
Hyderabad. Received Rs/-Vide Receipt No					
3. In case transfer to a higher grade, mention ' <i>Transfer to a Higher</i> Dated:///					
	Grade on top of the application. Enclose a demand draft of Rs.500/-				
	KS.3007-		{Accountant}	{Secretary}	
	Received by the Office				
	No Dated/By(Banker's Name) Approved in the Membership Committee Meeting held on				
		ATE / LICENTIATE and Awarded the Membership			
Ι.			TVO.		
S	ignature		Deferred or Declined on	year	
	0	airman(Membership Committee)	Certificate of Membership sent on	5	
		· · ·		2	



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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. Demand Draft dated for Rs. /- issued by ,_____(Banker's Name) drawn in favour of 'Indian Institute of Insurance Surveyors & Loss Assessors' payable at Hyderabad.

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

5. Copies of Certificates details

100

- 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.......

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