The Indian Institute of Insurance Surveyors and Loss Assessors (Registered Office: Parisrama Bhavan, 5-9-58/B, Basheer Bagh, Hyderabad-500 004)

Nomination Form for Election to the 9th Council

Note: - Duly filled in Nomination Form shall reach the Election Officer by Post/Courier at his office in Mumbai viz.

V. Devanathan,
Head Technical & Projects,
General Insurance Council,
National Insurance Building (Formerly known as Royal Insurance Building),
5th Floor, 14, J Tata Road, Churchgate
Mumbai 400020.

on or before 5.30 P.M. on 26th October 2017.

INSTRUCTIONS FOR FILLING NOMINATION FORM BY CANDIDATES SEEKING ELECTION TO THE 9th COUNCIL

While filling the nomination form for election to the 9th Council, the following points/aspects shall be kept in view: -

- 1. The nomination should be strictly in the format as prescribed.
- 2. For the convenience of members, the Nomination Form has been made available on the website www.iiisla.co.in with downloading facility. The form of nomination may be downloaded from the IIISLA's website and used for filing the nomination. Photocopies of the Form can also be used.
- 3. The correct name of the relevant zone should be mentioned. For ready reference, these are given below: -
 - (a) Western Zone The States of Goa, Gujarat, Maharashtra, Madhya Pradesh and Rajasthan and the Union Territories of Dadra & Nagar Haveli (Silvassa) and Daman & Diu.
 - (b) Southern Zone The States of Telengana, Andhra Pradesh, Karnataka, Kerala and Tamil Nadu and the Union Territories of Lakshadweep, Andaman & Nicobar Islands and Pondicherry.
 - (c) Eastern Zone The States of Arunachal Pradesh, Assam, Bihar, Chattisgarh, Jharkhand, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Sikkim, Tripura, West Bengal.
 - (d) Northern Zone The States of Delhi, Haryana, Himachal Pradesh, Jammu & Kashmir, Punjab, Uttaranchal and Uttar Pradesh and the Union Territory of Chandigarh.

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4. The nomination forms shall be sent by post / courier to the Election Officer only at his office in Mumbai and sent in a sealed envelope super-scribing "IIISLA-Nomination-9th Council" so as to reach him on or before 5:30 P.M on 26th October 2017 at the following address: -

V.Devanathan, Head Technical & Projects, General Insurance Council, National Insurance Building (Formerly known as Royal Insurance Building) 5th Floor, 14, J Tata Road, Churchgate, Mumbai 400020.

- 5. The name and professional address of the candidate, the proposer and the seconder must be given in full, as they appear in the List of Voters for election to the 9th Council of IIISLA.
- 6. In terms of the "Regulation & Procedure for the conduct of Elections to the Council" (RPCEC/ IIISLA) . and as envisaged in article 15(2) (a) (i) and (ii) of the Institute, no member can offer his/her candidature simultaneously for more than one post / vacancy. In the event of receipt of more than one nomination within the specified date and time, all the nominations shall be rejected and accordingly his/her candidature shall be rejected for the 9th Council Elections.
- 7. The nomination shall be filled in by hand only and any over-writing or correction shall be duly initialled by the candidate.
- 8. About the requirement of photograph as per the annexure to the nomination form, 2 copies of recent passport size photograph (preferably black and white) are required. One of them may be pasted on the right hand top corner of the annexure to the form and the other copy can be sent along with the nomination form. Candidates are required to write their name and membership number legibly at the back of the second copy of the photograph.
- 9. As per the "Regulations & Procedure for the Conduct of Elections to the Council" (RPCEC/IIISLA), it may be noted that only "members" as defined in Article 1(o)read along with provision 5, of the Articles of Association and who have paid the annual membership on or before the date of notification issued by the Election officer shall be entitled to contest the 9th Council elections, propose or second candidates and cast vote.



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FORM OF NOMINATION OF A CANDIDATE FOR 9th COUNCIL ELECTION TO THE COUNCIL OF THE INDIAN INSTITUTE OF INSURANCE SURVEYORS AND LOSS ASSESSORS

I	being an eligible Member of the institute belonging to the
Zone, as defined in the Proced	ure for the conduct of the 9 th Elections to the Council, as amended
up-to-date, hereby offer my candidature for elect	ion of:
(i) ONE MEMBER from 2	one pursuant to Article 15(2)(a)(i) of the Articles of
Association of the Council.	
[*Note: - Every candidate shall carefully fill in th	e above details correctly and clearly without any ambiguity and a
candidate shall submit a copy of Subscription rece	<u>eipt.</u>
Failure to do so shall entail the nomination form	to be rejected by the Election Officer
	of Association of the Institute, Procedure for the conduct of the 9 th and the decision of the Election Officer in all matters pertaining to
Signature of Candidate	
C	
Name in full (As published in the List of Voters)	
Membership Number	
Address (As published in the List of Voters)	
Dated thisday	of2017
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To be filled in by the proposer and seconder

	We, the undersigned eligible Me	embers of the Indian Institute of Insurance Surveyors an	d Loss
Assesso	ors, being qualified to vote in the	Elections to the 9th Council of the Institute and belong	ging to
	Zone, as that of the	candidate do hereby propose and second respectively of	of the
candida	ature of	as a candidate to the 9 th Council Election	s from
that co	nstituency as offered by him.		
(1)	Signature of Proposer		
	Name in full (As published in the List of Voters)		
	Membership Number		
	Address (As published in the List of voters)		
	Dated this	day of2017	
(2)	Signature of Seconder		
	Name in Full (As published in the List of voters)		
	Membership Number		
	Address (As published in the List of Voters)		
Dated t	rhis	day of 2017	

[Please see next page for the Annexure to the Form of Nomination]

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ANNEXURE TO FORM OF NOMINATION

РНОТО

Please affix here your recent passport size photograph and sign across the photograph

l,		, give below the following true and correct particulars
conce	ning myself: -	
(a)	Name, Membership Number, Professional Address	
(b)	Date of Birth	
(c)	Whether citizen of India	
(d)	Whether found guilty of any professional or other misconduct, and consequently whether reprimanded or the name has been removed from the Register or has been awarded penalty or fine as on the date of nomination.	
(e)	If the answer to (d) above is in affirmative, to provide the following details, wherever applicable (separately* for each misconduct for which found guilty): (i) the offence for which found guilty (ii) the date of reprimand	
	(iii) the date from which the name was removed because above disqualification from the Register	
	(iv) the total period of removal (v) the date on which the period of	
	removal expires	

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 $^{^{\}ast}$ If need be, please attach additional sheets.

	(vi) whether the removal was because disabilities falling under the Article 12 or 14 of the Articles of Association.	
	(vii) the date on which the penalty or fine was awarded	
	(viii) amount of penalty or fine	
	(ix) the date on which the payment was made for penalty or fine awarded	
	Whether holding a post under the Central or State Government	
(f)	Whether holding a post under the Central or State Government or Insurer	
Place:		
Date:		Signature of the Candidate
		VERIFICATION
l,	nal particulars given above are true	, do hereby affirm and declare that the
persor	iai pai ticulais giveli above ale ti u	e and correct to the best of my knowledge and belief.
Place:		
Date:		Signature of the Candidate

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