***IIRM* INSTITUTE OF INSURANCE AND RISK MANAGEMENT**

(A joint initiative of IRDAI and Government of Telangana)

Financial District, Gachibowli, Hyderabad – 500 032.

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**APPLICATION FOR ADMISSION INTO DISTANCE LEARNING PROGRAMMES**

*Affix recent Photograph*

**Course applied for** Diploma in LI Diploma in GI Diploma in RM

*(Tick any one)*

Application form No. to be filled by IIRM office

Particulars of payment for Rs.500/- towards Registration / Appication Fee.

Payment Mode: Date:

Name (as shown in SSC certificate): Mr./Ms.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address for Communication : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pincode : \_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Educational and Professional Qualifications acquired (copies to be enclosed)**

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

**Particulars of Employment:**

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

**How did you come to know about IIRM** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION OF THE APPLICANT**

1. I hereby declare that all information furnished by me are true, complete and correct to the best of my knowledge and belief.
2. 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.
3. I am also aware that I have to complete the course in all respects within two years counting from the year of enrolment.

Date: Place: Signature of the Applicant: