

# IIRM INSTITUTE OF INSURANCE AND RISK MANAGEMENT

(Jointly setup by Insurance Regulatory and Development Authority of India (IRDA)  
and Government of Andhra Pradesh).

## APPLICATION FOR ADMISSION TO DISTANCE LEARNING PROGRAMMES

Course applied for  IPGDLI  IPGDGI  IPGDRM

Application form No:  to be filled by IIRM office.

Particulars of Demand Draft for Rs. 200 enclosed

D.D No. Date: Bank & branch:

Affix  
Photo

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

Father's name: \_\_\_\_\_ Spouse name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Qualification	Year and month of Passing	University / Institution	Percentage of Marks obtained

Particulars of Employment :

Designation and nature of job	Organization and address	from	to	Number of Yrs and Mths

### 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 % 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 three years counting from the year of enrolment.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_

Forwarded

Company Seal

Signature of the Employer  
Name: