

Application Form for PG Certificate in Management Courses 2020 - 21

IIRM

(A Joint Initiative of IRDAI and Govt. of Telangana)

IIRM , Financial District, Gachibowli, Hyderabad-500032.

Tel: 040-23000005| E-mail: admissions@iirmworld.org.in

Application No :

Course	Stream
PGCM	<input type="checkbox"/> Investment Planning & Life Insurance <input type="checkbox"/> General Insurance <input type="checkbox"/> Risk Management
PGCM	<input type="checkbox"/> Business Analytics <input type="checkbox"/> Actuarial Science <input type="checkbox"/> Analytics & Actuarial Science

Recent Photo
(Formals Only)

Personal Details

Name :

(Name should be entered as in your Matriculation / 10th Class Certificate)

E-mail Id : Contact No :

Date of Birth : Gender : Male Female Marital Status : Single Married

Religion : Aadhaar No. :

Caste /Group* : Pan Card No. :

Father's Name : Contact No :

Occupation : Organization : Approx. Annual Income :
(Rs. Lakhs)

Mother's Name: Contact No. :

Father's/ Mother's E-mail Id :

Permanent Address :

City : State : Pin :

Communication Address :

City : State : Pin :

* Required by AICTE

Educational Details (Starting with highest Qualification)

Qualification	Name of the School / College	Board / University	Year		Aggregate Percentage	Class / Division / CGPA	Medium of Instruction
			From	To			

Name of the Institution / College last studied :

Academic & other Distinctions / Achievements / Extracurricular Activities

Work Experience (if any)

Company :

From

To

Designation

List of Enclosures : (Copy of Certificates)

SSC / Matriculation / X Std.

Intermediate / PUC / XII Std.

Graduation / Degree

Score / Marks Card

Experience (if any)

Two Passport size Photographs

How did you come to know about IIRM

Application Registration Amount :

Cash / DD of Rs. 500/- to be drawn in favor of Institute of Insurance and Risk Management, (Payable at Hyderabad)

Declaration by the Applicant :

I have carefully read the instructions and agree to abide by the decision of Institute regarding my selection to program. I certify that the information furnished in this application form is correct to the best of my knowledge and belief.

Date :

Place :

Signature of Applicant