



LIFE INSURANCE CORPORATION OF INDIA

(Established by the Life Insurance Corporation Act, 1956)

SECUNDERABAD DIVISION

SPONSORSHIP FORM

APPLICANT DETAILS

PERSONAL INFORMATION

APPLICANT NAME: Mr./Ms./Mrs. _____

(AS APPEARING IN PAN CARD)

FATHER/HUSBAND's NAME : _____

CATEGORY : GENERAL / SC / ST / OBC

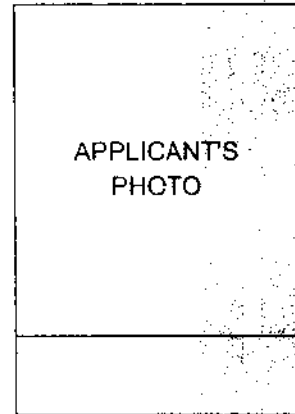
AREA : URBAN / RURAL

PAN : _____

AADHAR/VOTER ID CARD NO. : _____

DRIVING LICENSE NO / _____

PASSPORT NO _____



APPLICANT'S
PHOTO

QUALIFICATION DETAILS :

BASIC : CLASS X / CLASS XII

A) BOARD NAME : _____

B) ROLL NO : _____ C) YEAR OF PASSING : _____

EDUCATIONAL QUALIFICATIONS : CLASS X / INTERMEDIATE / GRADUATE / POST GRADUATE

DATE OF BIRTH : ____ / ____ / ____
DD MM YYYY

SEX : MALE / FEMALE

PRIMARY PROFESSION : STUDENT / SERVICE / BUSINESS / HOUSE HOLD / OTHERS

NATIONALITY : INDIAN

CONTACT INFORMATION :

CURRENT ADDRESS :

H.NO. : _____ FLAT NO. : _____

APPTMNT NAME : _____

STREET / ROAD : _____

TOWN / CITY : _____

DISTRICT : _____

STATE : _____

PIN CODE : _____

MOBILE NO : _____

EMAIL ID : _____

PERMANENT ADDRESS :

H.NO. : _____

FLAT NO. : _____

APPTMNT NAME : _____

STREET / ROAD : _____

TOWN / CITY : _____

DISTRICT : _____

STATE : _____

PIN CODE : _____

Signature of the candidate

APPLICANT TRAINING DETAILS

TRAINING MODE : ONLINE / OFFLINE

TRAINING INSTITUTE NAME : DTC / C & K MANAGEMENT / OTHERS _____

APPLICANT EXAMINATION DETAILS :

EXAMINATION MODE : ONLINE

EXAMINATION BODY : NSEIT

EXAMINATION CENTRE : HYDERABAD / NIZAMABAD / NALGONDA

EXAMINATION LANGUAGE : ENGLISH / TELUGU / HINDI / OTHERS _____

SIGNATURE OF CANDIDATE

PLACE :

DATE :

I HAVE VERIFIED THE ABOVE DETAILS AND FOUND TO BE CORRECT. CANDIDATE HAS PAID

THE REGN. FEE OF RS. 150/- VIDE MR No.: _____ DATE : _____

DATE OF REGN. OF APPLICATION FORM : _____ REGN. No: _____

BRANCH OFFICE :

ROUND SEAL OF BO

SIGNATURE OF CM /Sr. BM /BM/ ABM

NAME :

STAMP OF THE SIGNATORY

SIGNATURE OF DEVELOPMENT OFFICER / CLIA :

NAME OF THE DEVELOPMENT OFFICER / CLIA :

COER NO. :

CELL NO. :

STAMP OF DEV. OFFICER / CLIA

ENCL : COPIES OF

1) PAN CARD

2) 10TH CLASS CERTIFICATE

3) INTERMEDIATE PASS MEMO

4) DEGREE / PG PROVISIONAL OR CONSOLIDATE PASS MEMO

5) ADDRESS PROOF



LIFE INSURANCE CORPORATION OF INDIA

FORM I-A

(Established by the Life Insurance Corporation Act, 1956)

SECUNDERABAD DIVISION

APPLICATION FOR APPOINTMENT TO ACT AS AN INSURANCE AGENT (With a Life Insurer OR General Insurer OR Health Insurer)

TO

(Name of the Insurer),

Paste self
attested
passport
Size
Photograph

DEAR SIR/S,

I request that Appointment to act as an insurance agent of your organisation may be granted to me.

I hereby declare that particulars given below are true and that the APPOINTMENT for which I apply will be used only by myself for soliciting or procuring insurance business for your Insurance Organisation

(1) Name :

(2) Title : State 1 if Mr., 2 Mrs., 3 Miss :

(3) Father's/ Husband's Name :

(4) Full Address :

House No. :

Street :

Town :

District :

State :

Pin Code :

Mobile No : Email :

(5) Date of Birth : Day-Month-Year : Attach Age proof

(6) Educational Qualifications. (Tick the right Box) (Attach self-attested certificate)

Class X	Class XII	Graduate	Post Graduate	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PAN CARD Number (attach self-attested copy of the PAN CARD)

(8) Give particulars of pass in pre-recruitment test conducted by the Insurance Institute of India or any Examination Body

Name of Examination Body:	
Candidate's Name :	
Candidate's Number :	
Centre of Examination :	
Name of the Exam passed :	
Date of Passing :	(Day- Month-Year)
Note :	Attach certificate issued by the examining body

(9) Furnish the details of any insurance agency in force or ever hold by the

Name of the Insurer	Agency code Number	Date of Appointment as agent	Date of cessation of Agency	Reason for cessation of agency

*Please attach Agency cessation letter issued by the insurer

(10) Details of other insurance related activities undertaken, If any :

(11) I declare that

- (a) I have not been found to be of unsound mind by a court of competent jurisdiction;
- (b) I have not been found guilty of criminal misappropriation or criminal breach of trust or cheating or or forgery or an abetment of or attempt to commit any such offend by a court of competent jurisdiction;
- (c) I have not been found guilty of or to have knowingly participated in or connived at any fraud, dishonestly or mis-representation against an insurer or an insured.
- (d) I have not violated in the case of conduct specified under class 7 of the IRDAI (Appointment of Insurance Agents) Guidelines, 2015

Yours faithfully,

Signature of applicant

Notes and Instructions

The application should be filled in Hindi or English language.
Any correction or alteration made in any answer to the questions in the application should be initialled by the applicant.

An applicant must be at least 18 years and above of age on the date of the application. The applicant shall be of sound mind and of legal age.

An applicant shall furnish the proof of pass in the pre-recruitment exam conducted by the Insurance Institute of India, Mumbai, along with the Application of an examination body duly recognised by the Insurance Regulatory and Development Authority of India.

The following documents should be attached with the application

- (i) Age Proof
- (ii) Educational Qualifications
- (iii) Proof of pass in the agency examination as mentioned above
- (iv) Copy of PAN Card
- (v) Address proof to the satisfaction of the insurer

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

In the event of cessation of my agency due to any reason whatsoever, I shall return my Appointment Letter and I Card to the Branch to which I am attached.

I agree to abide by the terms and conditions as laid down in various Regulations and Acts Governing Life Insurance Agency.

I do hereby declare that the foregoing statements and answers are to the best of my knowledge and belief, true and complete and they shall be the basis of contract of the agency between me and the Life Insurance Corporation of India and that if the foregoing statements or answers are untrue or incomplete, the said contract shall stand automatically terminated from the date on which such knowledge comes to the Corporation.

I hereby confirm that this Agency Application has been completed by me in my own handwriting.

Date :

Place :

Signature of the Applicant

(Signature of Witness)

Name :

Designation :

Address :