

LAST DATE OF RECEIPT APPLICATION : March 5, 2011



INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY

APPLICATION FOR THE POST OF (_____)

1. Name in full (In English – CAPITAL LETTERS)		First Name																			
		Middle Name																			
		Surname																			
Sex	Male			Female																	
Date of Birth		D	D	M	M	Y	Y	Y	Y	Please paste Stamp Size Photograph in this box and Sign across it											
Age (as on 01.03.2011) : years & months																					
Father's / Husband's Name :																					
Whether belonging to SC/ST/OBC/PWD / GEN Category:																					

Details of Experiences:

Name and Address of the Employer	Designation	Scale	Job Profile	Period (Month & Year)		Total Duration in Years & Months
				From	To	

Academic Qualifications

Qualification	Main Subjects	Year of passing	Institute / University	Overall % of marks	Class/ Division	Rank (if any)
Post Graduation						
Graduation						
Professional Qualification (If any)						
Postal Address (in capital letters)					E-Mail	
					Telephone	
					STD Code	
	District				Pin Code	
	State					

Any other Information:

Declaration:

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that any information given in this application is false/incorrect or that do not satisfy the eligibility criteria, my candidature/appointment is liable to be cancelled/terminated. I have read and understood the stipulations given in the advertisement and hereby undertake to abide by them.

Signature of the Candidate

Date:

Note: Proof of age, caste certificate, qualification, marks list etc. should be furnished alongwith the application duly attested by a gazetted officer.
