**APPLICATION FORM FOR EMPANELMENT OF SURVEYOR-SMP 2024-25**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | Name of the Applicant  **(Attach Self attested Identity Proof )** |  |  | |  |
| First | Middle | | Last |
| **2.** | Individual / Corporate |  | | | |
| **3.** | Address of the Applicant  (Registered Address of the Corporate Firm)**(Attach self-attested address proof)** |  | | | |
|  | | | |
|  | | CITY: | |
| PINCODE: | | STATE: | |
| **4.** | Contact Number (Tel.) |  | | | |
| **5.** | Email Address\* |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(Information on Item Nos. 6 to 11 should be provided for all the Directors/Partners of the Corporate)**  **(Please attach separate sheet for subsequent Directors/Partners of the Corporate)** | | | | | | | | | | | | |
| **6.** | Qualifications  **(Attach Self attested Qualification Proof)** | | | Academic | | | |  | | | | |
| Professional | | | |  | | | | |
| Insurance | | | |  | | | | |
| **7.** | Date of Birth  **(Attach Self attested DoB Proof)** | | |  | | | |  | |  | | |
| DD | | | | MM | | YYYY | | |
| **8.** | Membership with IISLA  **(Attach Self attested copy of Membership)** | | |  | |  | | | |  | | |
| Membership no. | | Level(F/A/L) | | | | YYYY | | |
| **9.** | IRDAI License No.  **(Attach Self attested Copy of License)** | | |  | | | | | |  | | |
| NUMBER | | | | | | YYYY | | |
| **10.** | License valid up to | | |  | | |  | | |  | | |
| DD | | | MM | | | YYYY | | |
| **11.** | State allocation of departments and Level of Membership: | | | | | | | | | | | |
| Department | | Fire | Marine  cargo | Marine  Hull | Engg. | | Motor | | Misc | Crop  Insurance | LOP | |
| **11.A New applicants** | |  |  |  |  | |  | |  |  |  | |
| **11.BApplying for additional LoB\*** | |  |  |  |  | |  | |  |  |  | |
| \* Already empanelled Surveyors applying for additional LoB for which license obtained subsequently OR not empanelled during last exercises for any particular LoB | | | | | | | | | | | | |
| **12.** | Preferred area(s) of Operations (CITY/DISTRICT/STATE): | | | | | |  | | | | | |
| **13.** | Experience | As Independent Surveyor | | | | | **\_\_\_\_\_Years \_\_\_\_\_ Months** | | | | | |
| Under Senior Surveyor  **(Attach Self attested Certificate from Senior Surveyor)** | | | | | **\_\_\_\_\_Years \_\_\_\_\_ Months** | | | | | |
| **14.A** | Are you already empanelled with any other General Insurance Company(s)? If so**,** details thereof**.**  **(Attach Self attested Proof of Empanelment**) | | | | | |  | | | | | |
| **LoB/s** | | | | | |
|  | | |  | | |
| **PSGICs** | | | **Private GICs** | | |
|  | | | | | |
| **15.** | Has your application for empanelment been rejected by any General Insurance Company / have you been de-empanelled by any General Insurance Company / have you been penalized by IRDAI during last three Financial Years? | | | | | |  | | | | | |
| Yes | | | No | | |
| **16.** | If so, details thereof. (Last Three Financial Years) | | | | | |  | | | | | |
| **17.** | Will working as a surveyor be your sole occupation? | | | | | | Yes | | | No | | |
| **Declaration**: I confirm that the documents submitted by me/authorized signatory of the firm are in order and I agreed to attend the interview either in person or through virtual mode at the place identified by the interviewing authority. I solemnly declare and confirm that the particulars given above are true to the best of my knowledge and belief. | | | | | | | | | | | |
| Signature | |  | | | | |
| Place | |  | | | | |
| Date | |  | | | | |

*(Please note that mere eligibility, filing application and attending interview does not confer any right on the part of the applicant to be empanelled.)*