

LAST DATE OF RECEIPT APPLICATION : March 10th , 2010



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	Please paste Stamp Size Photo Graph in this box and Sign across it											
Date of Birth	D	D												
Age (as on 31.01.2010) :			years &									months		
Father's / Husband's Name :														
Whether belonging to SC/ST 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 as on January 2010.

Qualification	Degree	Main Subjects	Year of passing	Institute / University	Overall % of marks	Class/ Division
Graduation						
Post 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.

* * *