

INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY
HYDERABAD

APPLICATION FOR RETIRED INSURANCE PROFESSIONAL ON CONTRACT BASIS- 2013

Ref: 001/IRDA/EMP/2013

8.10.2013

AFFIX
PASSPORT SIZE
PHOTOGRAPH

NAME OF THE CANDIDATE

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SEX

DATE OF BIRTH

DATE OF RETIREMENT

M	F

D	D	M	M	Y	Y	Y	Y

DETAILS OF WORK EXPERIENCE

EMPLOYER NAME & ADDRESS	DESIGNATION	FROM (MONTH AND YEAR)	TO (MONTH AND YEAR)	JOB PROFILE

DETAILS OF QUALIFICATION (FROM GRADUATION)

QUALIFICATION	EXAMINATION PASSED	YEAR OF PASSING	UNIVERISTY / INSTITUTE	% OF MARKS

CONTAC DETAILS

POSTAL ADDRESS(in capital letters only)		Email:	
		Mobile:	
	DIST:	Telephone:	
	State:	PIN	

REFERENCES DETAILS

NAME, ADDRESS AND DESIGNATION OF THE REFERENCE-I	NAME, ADDRESS AND DESIGNATION OF THE REFERNCE -II
MOBILE NO:	MOBILE NO:

I declare that the information furnished above is true and correct to the best of my knowledge and belief. I understand that if at any stage, if found that any information given in this application is false/ incorrect or that I do not satisfy the eligibility criteria according to the Authority, 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.

Place:

Date:

Signature of the Applicant