

**APPLICATION FOR THE POST OF PROFESSIONAL EXPERT ON CONTRACT BASIS IN THE OFFICE OF THE INSURANCE OMBUDSMAN \_\_\_\_\_**

(Please fill up the name of the Office applied for)

**AFFIX RECENT  
RECOGNISABLE  
PASSPORT SIZE  
PHOTOGRAPH  
HERE AND  
ATTEST**

1. Name in Full (in English, Capitals with Surname First)


2. Mailing Address with Pin Code


3. Permanent Address with Pin Code


Mobile No: \_\_\_\_\_ Landline No with STD Code \_\_\_\_\_

Email Id: \_\_\_\_\_

4. Father's /Husband's Name


5. Nationality


6. Date of Birth :

D	D	M	M	Y	Y	Y	Y

Date of Retirement / voluntarily retired / acceptance of resignation

D	D	M	M	Y	Y	Y	Y

Completed Age as on the last date for submission of application:  
\_\_\_\_\_ Years \_\_\_\_\_ Months .

**Signature of the Applicant**

7. Educational Qualifications :

Degree	Stream	Year of Passing	%age of Marks
Graduation			
Post-Graduation			
Others			

8. (A) Do you have experience of at least 10 years in insurance industry as an employee: Yes / No. If yes, give details

8 (B) Work Experience : (Last 10 years)

Name of Organisation	Position held	Scale (II,III & IV or equivalent)	Place of Posting	Any other information

9 Marital Status

Married	Unmarried	Others (Specify)

10 Were you removed from service due to disciplinary / vigilance proceedings? Yes / No

11 Any Other Information


**DECLARATION :**

I hereby declare that all the statements made in this application hereinabove are true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false, incorrect or incomplete or if I am found ineligible due to non-fulfillment of eligibility criteria, my candidature for the applied post is liable to be cancelled/rejected at any stage.

Date:  
Place:

**Signature of the Applicant**