

**APPLICATION FOR APPOINTMENT TO THE POST OF INSURANCE OMBUDSMAN**

Sr. No.	Particulars	Details	Self attested Recent passport size photograph							
1.	Full Name of the Candidate									
2.	(a)Date of Birth (DD/MM/YYYY)									
	(b)Age as on 09.11.2018									
3.	<b>i) For the candidate from insurance industry</b>									
	a) Do you have experience of at least 25 years in insurance industry as on 9.11.2018									
	b) Name/s of the company/ies organization/s where the applicant served/ is serving and the position held in the last 25 years should be indicated									
	c) Whether the position held last/ presently is at most one step below the board? <b>If yes, please mention the date from which the position held</b>	<b>YES / NO</b>								
	<b>ii) For the candidate/s from the Civil / Administrative Services of Government of India / a State Government</b>									
	a) Name of the service to which the candidate belongs / belonged									
	b) Name of the Department where the applicant last served/ is serving and the position last held. (Date of taking charge in the post last held should be indicated)									
	c) Whether the post is equivalent to Joint Secretary/ Additional Secretary/ Special Secretary/ Secretary <b>If yes, please mention the date from which the position held</b>									
	<b>iii) For the candidate/s from the Judicial Services :</b>									
a) The position last held/ you are holding and the place of the posting. (Date of taking charge as High Court Judge or District & Sessions Court Judge or MACT Judge should be indicated)										
b) Whether the post that you held last/ are holding at present is equivalent to District & Sessions Judge or MACT Judge or High Court Judge <b>If yes, please mention the date from which the position held</b>										
	<b>Signature</b>									

4.	<b>Only for Insurance Ombudsman applying for re-appointment</b>	<b>Date of Joining</b>	<b>Date of demitting office</b>
	a. Details of tenure as Insurance Ombudsman		
	b. Centre in which the post was held as Insurance Ombudsman		
5.	<b>Additional Information / Remarks, if any</b>		
6.	<b>Full Residential Address with email ID, Telephone No. and Mobile No.</b>		
7.	<b>E-mail address</b>		
8.	<p><b>Declaration</b></p> <p>I certify that the details certified by me in the application form are correct to the best of my knowledge and belief and I am eligible for the post. I declare that in case I am selected as Insurance Ombudsman, I am willing to take charge at the place for which I am selected and I will not refuse to accept the said appointment.</p> <p>I am aware that if I am selected as Insurance Ombudsman my appointment will be subject to the following in terms of Rule 7 (5) of Insurance Ombudsman Rules, 2017 :-</p> <p>(i) satisfactory vigilance clearance from the immediate previous employer*, and</p> <p>(ii) medical fitness report from a doctor (who is a Divisional Medical Referee or Zonal Medical Referee of Life Insurance Corporation of India).</p> <p>* If there is a change in my last employer before my appointment, I will inform the details to Office of Executive Council of Insurers immediately.</p>		
9.	<b>Signature</b>		

**Date :**

**Place :**

- Note :**
- 1) The Last Date for Submission of application : 09.11.2018
  - 2) The application along with the CV may be send by post to the Office of Executive Council of Insurers.
  - 3) The application along with the CV may also be e-mailed to: ombrect2018@ecoi.co.in
  - 4) CV is a mandatory requirement and it must show details of career path and various ranks held (with designations and dates of each entry and exit) along with details of training/exposure etc.
  - 5) Applications with incomplete or unclear information will not be considered.