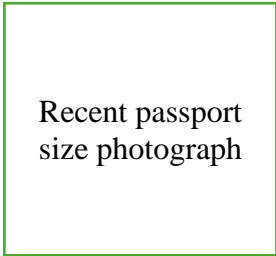




**PROFORMA FOR APPLICATION FOR THE POST OF CHAIR PROFESSOR  
(GENERAL INSURANCE) AT NATIONAL INSURANCE ACADEMY, PUNE  
THROUGH PROPER CHANNEL**

**A) Personal Details**

1. Name (in block letters) : .....
2. Employee No.: .....
3. Designation with Office and Place of Posting:.....
4. Office Address (with Tel. No) : .....
5. (i) Date of Birth (DD/MM/YYYY): .....
- (ii) Age as on 1<sup>st</sup> December 2024 (completed years):.....
6. Gender: .....
7. Current Mailing Address (with Tel. No):.....
8. Permanent Residential Address: .....
9. Mobile No : .....Email Id: .....



**B) Educational Qualifications:**

**10. (i) Academic (Graduation onward):**

Examination Passed	University/ College/Board	Year of Passing	Duration of Course	Subjects taken	Percentage of marks

**(ii) Professional:**

Name of Examination Passed	Examining Body	Year of Passing	Duration of Course	Subjects taken	Percentage of marks

**11. Membership of Professional Associations:**

- (i) .....
- (ii) .....
- (iii) .....

**12. Details of positions held:**

From (MM/YY) To (MM/YY)	Position Held	Responsibilities handled (brief description)

**13. Trainings attended:** .....

.....

.....

**14. Any other information you want to share:**

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.....

.....

**15. Have you ever been convicted by a Court of Law? (please ✓)                      NO/YES\***  
(\*please give details in separate sheet.)

**16. Statement of Purpose:** (How do you think you are suitable for the post applied for and how you propose to contribute in further development of the NIA [ elaborate in not more than 400 words on a separate signed sheet titled **“Statement of Purpose”** ] :

**17. Certification:**  
I \_\_\_\_\_ (insert full name),  
certify that the above information is correct to the best of my knowledge and belief.

I further certify that no disciplinary / vigilance proceedings are either pending or contemplated against me and that there are no legal cases pending against me.

There have been no major / minor penalty awarded against me.

.....  
**Signature of the Applicant**

**Date:** .....

**Place:** .....