

Annexure

Application for the Post of Faculty Member (Life Insurance), on contract basis

	Examinations Univers	ity/	Subjects Taken	Year of	Percentage of			
	Academic:							
	percentage of marks]:	percentage of marks]:						
	[Give full details viz. Examinations passed, University, College, Board, year of passing and							
12)	Qualification [Attach Self-att	tested o	copies of the Mark sheets/ce	rtificates]				
11)	Category (SC/ST/OBC/DAP	(Other)						
10)	PAN Number [Attach Self-at			••••				
9)	Aadhar Card Number [Attacl		10-					
3)	E-mail ID:							
	Mobile No.:							
	Telephone No.:	Offic	ce: Res	sidence:				
7)	Permanent Address:							
				• • • • • • • • • • • • • • • • • • • •				
5)	Mailing Address:			• • • • • • • • • •				
5)	Nationality:			• • • • • • • • • •				
4)	Gender:			L				
3)	Age as on 01.05.2025 :							
2)	Date of Birth (attach Age pro	oof):			size photograph			
	[Insert full name in Block letters] Recent p							
1)	Name:							

Examinations Passed	University/ College/ Board	Subjects Taken	Year of Passing	Percentage of Marks Secured

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Examinations Passed	Institution	FIII / AIII or equivalent	Year of Passing	Percentage of Marks Secured

Ivan	ne of orga	anization/Institute cur	rently workin	g in:		
Curi	rent Posit	tion in the organizatio	n/Institute:	•••		
a)	Expe	rience [Total Experier	nce since joini	ing the compan	y]:	
	[Give	Employment Record	l starting with	present position	on, list in reve	erse order positi
	held i	n the format given he	rein below fo	r the last 25 year	ars]	
	[Year] Year]	Employer [Name and address]	Position held	Nature of the work		ry drawn and ary/salary ban
			roisat handlad	If so places of	iva dataila	
b)	Δ ην. ε	magial aggignment /Dr		i. ii so, piease g	ive uctails.	
b)	Any s	special assignment /Pi	oject nanared			

Work Undertaken that Best Illustrates Capability to handle the responsibility to be undertaken in the post applied:

Name of Assignment/ job or project	Year Location	Employer	Main project features	Positions held	Activities performed

19)	a)	Proceedings? If yes, please mention the penalty and year of imposition.
	b)	Is there any pending departmental enquiry against you? If so, please give details.
20)	Have	you ever been convicted by the court of Law: If yes please give full details in separate sheet
21)		nere any legal cases pending against you in your individual capacity or as employee/officer company. If yes please give full details in separate sheet
22)	Any c	other Information you want to share:

Certi	fication:					
correct the ba	etly describes me, my ones of evaluation of metional Insurance Acade	qualifications and my e	experience. I ı	understand that	this CV is o	ne of
	ner certify that no disc st me. There have neve		C	1 0	•	lated
Signa	ture of Candidate:	•••••	•••••			
Name	e in Full:		•••••			
Date:		•••••	Place:	••••••	••••••	••

23)

(If space is insufficient under any of the items above, a separate sheet may be used)

Submission of an application, participation in the interview process, or any related discussions or communications with the Academy shall not be construed as an offer, promise, or guarantee of employment. The Academy reserves the sole discretion to make employment decisions based on its evaluation and organizational needs. No right to seek or claim employment shall arise unless and until a formal written offer of employment is extended and duly accepted.