

**APPLICATION FOR THE POST OF SPECIALIST ON CONTRACT BASIS IN THE
OFFICE OF THE INSURANCE OMBUDSMAN**

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. **Applied for Office of Insurance Ombudsman _____ (Place)**

5. **Father's /Husband's Name**

6. **Nationality**

7. **Date of Birth :**

D	D	M	M	Y	Y	Y	Y

8. **Date of Retirement / voluntarily retired / acceptance of resignation**

D	D	M	M	Y	Y	Y	Y

9. **Completed Age as on the last date for submission of application (as on 17.09.2021):**

_____ Years _____ Months

Signature of the Applicant

10. Educational Qualifications :

Qualification	Stream	Year of Passing	%age of Marks
Graduation			
Post-Graduation			
Insurance institute exams (give details)			
Any other examination			

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

11. (B) Work Experience : (Last 10 years)

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

12. Marital Status

Married	Unmarried	Others (Specify)

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

14. Any Other Information

DECLARATION :

I hereby declare that all the statements made in this application herein above 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