**Application for Specialist Application/Specialist Advanced Examination**

[as per clause 8.1 (b) & (c) of IAI Education Curriculum 2019

(version 1.00/12 10 2019)]

To

The Executive Director

The Institute of Actuaries of India

Dear Sir,

1. I am enclosing a cheque/draft No ……………dated…………..for Rs 7500/- (Seven Thousand Five Hundred) plus GST (18%) towards the fees for Specialist Application/ Specialist Advanced subject.
2. I confirm that I have fulfilled the qualification and all other requirements as specified by the Council under clause 8.1 of IAI Education Curriculum 2019 (version 1.00/12 10 2019)
3. I am enclosing herewith my application form for your assessment and request you to kindly grant me pass in subject \_\_\_\_\_\_ as prescribed by IAI as per provision of IAI Education Curriculum 2019 (version 1.00/12 10 2019).

Yours faithfully

Signature:

Name:

Membership Number:

Place:

Date:

**Application Form**

**Specialist Application/ Specialist Advanced Examination**

[as per clause 8.1 (b) & (c) of IAI Education Curriculum 2019

(version 1.00/12 10 2019)]

1. Membership Number :
2. Full Name :
3. Date of Fellowship :
4. Specialist Application/Specialist Advanced Subject applied for (Tick only one)
	1. SA1 - Health & Care :
	2. SA2 - Life Insurance :
	3. SA3 - General Insurance :
	4. SA4 - Pension and other benefits :
	5. SA7 - Investments & Finance :
5. Are you compliant with CPD requirement as required under APS 9: Yes/No
6. Experience in relevant subject area – Post-qualification

(Enclose experience letter from HR/Reporting Manager/Competent Authority (at least for 5 years)

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| **Sr. No** | **Name of Company / Firm** | **Place** | **Position Held** | **Actuarial Work / Responsibilities** | **Duration** |
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|  |  |  |  | Total Duration  |  |

1. Total Experience in relevant subject area prior to the period mentioned in point 5 above.

(Enclose experience letter from HR/Reporting Manager/Competent Authority (at least for the balance period out of total minimum experience required)

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| --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Name of Company / Firm** | **Place** | **Position Held** | **Actuarial Work / Responsibilities** | **Duration** |
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|  |  |  |  | Total Duration  |  |

Please attach self certified details of your experience in a separate sheet.

1. Date of Completion of Indian Practice Module (Applicable for Fellow members applying under clause 8.1(c) of IAI Education Curriculum 2019 (Version 1.00/12 10 2019):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please enclose evidence)
2. Is there any disciplinary proceedings (including those pending as of now) and/or disciplinary action taken against you by IAI or any other professional body in India or elsewhere: Yes/No

If Yes, please provide details

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**Declaration**

I confirm that I have fulfilled the qualification and all other requirements as specified by the clause 8.1 of IAI Education Curriculum 2019 (version 1.00/12 10 2019)

I hereby declare and certify that the statements and information given above are complete and correct to the best of my knowledge and belief. I have not concealed any material particulars or omitted to state the same herein above. In case any of these statements is/are found to be incorrect, I understand that I shall be liable to penalties under Professional Conduct Standards as laid down by the Institute of Actuaries of India.

I declare and state that currently I am a Fellow Member of the Institute of Actuaries of India and that I am continuing member of the Actuarial body based on which Fellowship I was admitted as Fellow member of the Institute of Actuaries of India.

I am not subject to any of the disqualifications stated in section 11 of the Actuaries Act 2006

I have read and understood the criteria for applying for Specialist Application/Specialist Advanced Examination subject [as per clause 8.1 of IAI Education Curriculum 2019 (version 1.00/12 10 2019)], before making this application.

I understand that the fees paid by me for this application shall not be refunded back.

I further understand that the decision of the Institute of Actuaries of India on this application shall be final and binding on me.

Signature:

Name:

Date:

Place:

Note

1. This form should be sent and addressed to the Executive Director. All pages must necessarily be initialed by the Applicant.
2. Please attach separate sheet/s duly signed if the designated space is not sufficient.
3. If the application is found to be Incomplete/defective in nature on scrutiny, Institute may allow applicant to complete/rectify the defect. In case, applicant fails to submit the complete form or rectify the defect within 30 days’ time, the application form shall stand rejected.
4. The applicant must ensure that he/she is fellow member of IAI and meets the minimum experience criteria as given below;
	1. At least 10 years of total work experience in relevant subject area including at least 5 years of India specific post-qualification experience in relevant subject area

Or

* 1. At least 7.5 years of total experience in the relevant subject area including at least 5 years of India specific post-qualification experience in relevant subject area and successful completion of Indian Practice Module Assessment.