

Certificate of Practice No:

Registration No.

Certificate of Practice

Date:

Name:

Membership No:

Area(s) of Practice opted:

This Certificate of Practice is issued subject to the provisions of the Institute of Actuaries of India (Admission as Member and Issuance of Certificate of Practice) Regulations, 2017 or modifications and/or amendments thereof.

The Certificate shall be effective from ____ day of _____ until ____ day of _____.

Given under the Common Seal of the Institute of Actuaries of India,
this _____.

Dinesh Chandra Khansili
Executive Director