



Institute of Actuaries of India

APPLICATION FORM FOR ADMISSION AS FELLOW MEMBER UNDER RULE 2(i) OF ACTUARIES ACT 2006

Please complete this form and return it to:

Examinations team, Institute of Actuaries of India, 302, Indian Globe Chambers, 142, Fort Street, Off D N Road, Near CST (VT) Station, Mumbai – 400001

Note:

- 1. Please use BLOCK CAPITALS and blue ink when filling this form.
- 2. Please “initial” each page.

Affix latest
passport size
(3.5 cm*3.5 cm)
Photograph

Requirement for Admission as FIAI for Students

- 1. A student member should have passed all the prescribed examinations of IAI or should have been exempted from one or more subjects as per rules
- 2. Should have completed India Fellowship Seminar
- 3. Should have atleast three years of Work based actuarial experience

Requirement for admission through Affiliate membership or MRA route

- 1. An Affiliate member should have atleast one year of India-resident actuarial work experience, and
- 2. Should have completed India Fellowship Seminar

Kindly tick on the criteria under which you are eligible for Fellow Membership

Student Membership Affiliate Membership MRA Route

Section 1 – Applicant Details

Name: Mr/ Mrs/ Ms/Dr (Mandatory)

IAI Membership No

First name

Middle name

Surname

Mob

Tel(R)

Tel (O)

Current Residential Address

Flat/Door/Block no

Name of the Premise/Building/Village

Road/Street/Post Office

Area/Locality

Town/City/District

Pin

State

Country

Current Employment Details

Employer Name

Block no

Name of the Premise/Building

Road/Street/Post Office

Area/Locality

Town/City/District

Pin

State

Country

Employee Designation _____ Employee Department: _____

Section 2 – Details of Subjects passed

Subject	Passed/ Exempted	Exam Diet
CT1		
CT2		
CT3		
CT4		
CT5		
CT6		
CT7		
CT8		
CT9		
CA1		
CA2		
CA3		
ST_		
ST_		
SA_		

Section 3 – Details of Academic and Actuarial qualification/s obtained with dates and particulars of membership of other actuarial professional body/ies

Name of the College/University/Institution	Academic Qualification/ Actuarial designation	Year of passing/Year of Admission

Section 4 - Actuarial Work Based Experience:-

Name of the Employer (Current first)	Joining Date	Resignation date	Work Location	Designation



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Section 5 – India Fellowship Seminar:

Please mention the dates on which attended and enclose evidence.

Note:

1. Attach Experience Certificate from each Employer
2. Applicants through Affiliate Membership or MRA Route should attach Experience Certificate from Employer/s establishing India based work experience

Section 6 – Method of Payment

DD / Pay Order No: _____

Dated: _____

Drawn on (name of the Bank): _____

Amount: _____

Section 7 – Declaration

I hereby apply for admission as a Fellow member of the Institute of Actuaries of India, under Rule 2(i) of the Rules of the Institute and declare that;

1. I have not at anytime been convicted of an offence (other than violation of a Road Traffic Laws) by any count of jurisdiction in India or elsewhere.
2. I have not at any time either in India or elsewhere been censured, disciplined or publicly criticized by any professional body to which I belong or belonged or been dismissed from any professional office or employment or refused entry to any profession or occupation.
3. [Applicable for Affiliate applicants only] – I agree that Fellow Membership of the Actuarial body based on which Affiliate Membership was granted shall be kept in force as long as Fellow membership of IAI now being applied for is in force, in terms of the rules governing such membership and such member shall automatically cease on cessation of the Fellowship for whatever reasons.

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

Name: _____

Date: _____

Place: _____

Signed: _____

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(Please sign within the box)