



Institute of Actuaries of India

Unit no. F-206, 2nd Floor, "F" Wing in Tower 2, Seawoods Grand Central, Plot no R-1,
Sector 40, Seawoods, Near Seawoods Railway Station, Navi Mumbai - 400706

+ 91 22 62433333 + 91 22 62433322

APPLICATION FORM FOR ADMISSION AS ASSOCIATE MEMBER

Schedule B

Form B

[See regulation 5 (3) of IAI (Admission as Member and Issuance of Certificate of Practice) Regulations, 2017]

Please complete this form and return it to:

Examinations team, Institute of Actuaries of India, Unit no. F-206, 2nd Floor, 'F' Wing in Tower 2, Seawoods Grand Central,
Plot no R-1, Sector 40, Seawoods, Near Seawoods Railway Station, Navi Mumbai - 400 706

Note:

1. Please use BLOCK CAPITALS and blue ink when filling this form.
2. Please "initial" each page.
3. Please attach copies of all your qualification certificates mentioned in this application – duly self - attested.
4. Fees for Associate Membership is Rs 3000+ (18% GST) = 3540/-. Kindly send Cheque/DD in favor of "Institute of Actuaries of India" payable at Mumbai.

Note: Govt. of India has implemented GST by virtue of which the membership and other related fees of the Institute are subject to GST. Accordingly the Associate, Affiliate and Fellow members are requested to add GST @ 18% on membership and other related fees payable by them to the Institute with effect from 1st April 2018 onwards and pay the same.

Criteria: -

Student member who has passed/been exempted all Core Technical series (CT1 to CT9) and all Core Application series (CA1 to CA3) subjects is eligible (on application) to become Associate Member of the Institute.

Section 1 – Applicant Details

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

IAI Membership No

Date and Year of Admission

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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

Nationality

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: _____

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



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Section 2 – Details of Subject passed

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

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 – Method of Payment

Cheque / DD No: _____ Dated: _____ GSTIN No: _____

Drawn on (name of the Bank): _____ Amount: _____

Section 5 – Declaration

I hereby apply for admission as an Associate member of the Institute of Actuaries of India and declare that;

1. I have not at any time been convicted of an offence (other than violation of a Road Traffic Laws) by any court of jurisdiction in India or elsewhere.
2. I have not at any time been either in India or elsewhere censured, disciplined or publicly criticized by any professional body to which I belong or belonged or been dismissed from any office or employment or refused entry to any profession or occupation.
3. I am not subject to any of the disqualifications stated in section 11 of the Actuaries Act 2006
4. I further understand that the decision of the Council of the Institute of Actuaries of India on this application shall be final and binding on me.
5. Institute has the right to reject the application if the applicant fails to submit the required documents within a stipulated timeline of 30 days which will be calculated from the date of informing to the applicant via email. The fees paid by the applicant shall not be refunded. Rejected applicant will have to submit fresh application along with the requisite fees and required documents to the Institute.

Name: _____
Date: _____
Place: _____

Signed: _____

(Please sign within the box)