



Institute of Actuaries of India

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APPLICATION FORM FOR STUDENT MEMBERSHIP FOR ACET STUDENTS

Note: Before completing this form the applicant should study the Instructions and Information given below. The completed form should be lodged with the Institute at the below mentioned address only.

**302, Indian Globe Chambers, 142, Fort Street, Off D N Road,
Near CST (VT) Station, Mumbai – 400001
Tel: 67843333 Ext. 301, Fax: 678443330
E-mail: education@actuariesindia.org**

Admission fees for student membership is as under:

Status	Total Admission Fees inclusive of subscription up to March 2012
Resident in India who have passed ACET	Rs. 1000/-

Note:

- Please send the fee by demand draft/pay order in favor of 'Institute of Actuaries of India' payable at Mumbai. **Demand Draft should not be stapled but attached with a U pin.**
- During the Financial Year i.e. April to March, whenever the admission is taken, the subscription will be applicable only for that financial year e.g.- For admission taken on 2nd March 2012 subscription will be valid till 31st March 2012. The subscription for 2012-2013 will be due on 1st April 2013. For further details kindly contact Ms. Vijaya Bhosale at actsoc@actuariesindia.org
- If you wish to appear for **May 2012 exam diet**, the Institute should receive this form duly filled by **25th February 2012** along with the Study material and Exam Application form. Membership forms received after this date will be eligible to appear for subsequent exam diets and NOT the May 2012 exam diet.



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This form must be completed in full. Failure to do so will result in your form being returned. Please use **BLOCK CAPITAL** and black ink when filling in this form.

Section 1

ACET Candidate Number
Eg: IAIEE-JAN12-4000

Section 2 – Application Details

Title: Mr. Mrs. Miss Dr. Other Please specify:

Surname:

First Name:

Middle Name:

Short Name:

Father Name/ Husband Name:

Mother's Name:

Date of Birth:
D D M M Y Y Y Y

Nationality:

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Failure to provide the correct correspondence address, telephone number and e-mail address, in clear handwriting, will result in the applicant not receiving information about their application form and forthcoming examination. So following information is Mandatory.

• RESIDENTIAL ADDRESS

Name	STD Code	
Address	Tel. No.	
	Mob No.	
	Pin Code	
City	State	Country



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- **PERMANENT ADDRESS**

Name	STD Code	
Address	Tel. No.	
	Mob No.	
	Pin Code	
City	State	Country

- **EMPLOYER'S DETAILS, if employed.**

Name	STD Code	
Address	Tel. No.	
	Fax No.	
	Pin Code	
City	State	Country

Employer Code: _____ Employee Designation: _____

E-mail ID : _____

(Alternate Email ID) _____

Note: All the communication from IAI would be through email and hence it is essential that you mention your email id

- **Are you a member of any other actuarial association? If so, please give the following information.**

Name of the Institute	Membership No.	Membership Class	Details of subject passed

Please indicate which address you would like all correspondence send to:

Office: Residence: Permanent Address:



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Section 4 – Documents to be submitted

The documents which are required to be submitted along with Admission Application form;

Sr. No	Particulars	Attested Photocopies Required
COMPULSORY		
1)	ACET Result	Photocopy highlighting your name
2)	10 + 2 (HSC or Equivalent)	Marksheet & Passing Certificate and Proof of English as one of the subject
3)	Proof of Age	Birth Certificate / School Leaving Certificate
4)	Passport Size Recent Photographs	Two
5)	Change in Name	If there is change in name then documentary evidence such as marriage certificate, Affidavit is required for the same.
OPTIONAL		
6)	Graduation	Marksheet & Passing Certificate
7)	Post Graduation	Marksheet & Passing Certificate
8)	Professional Qualification	Marksheet & Passing Certificate

Note. Attestation should be done by class one officer in government / semi government organization or professionals, like C.A., ICWA, Gazzetted Officer, Notary, Actuary, Bank Manager, National Insurance Academy (NIA) Director etc. Professionals should mention their Institutes Membership number and affix their stamp. Attestation done by relatives is not valid.

Section: 4 – Method of Payment

DD / Pay Order No. : _____

Dated : _____

Drawn on : _____

Amount : _____



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Section 5: - Declaration to be Signed by Applicant

I apply for admission as a Student Member of Institute of Actuaries of India. If my application is approved I agree to confirm to the Rules and Professional Conduct Standards of the Institute as they currently exist or as they may in future be altered, amended or enlarged, and I will promote the objectives of the Institute to the best of my ability. I understand that to withdraw from membership I must inform the Institute of my resignation and that after payment of any arrears, return of books, papers or other property of the Institute, I will be free from these obligations. I further declare that I have not applied earlier to the Institute for admission as a member. **Note : In case the applicant has earlier applied for admission as a member, the details of same should be furnished including whether such admission was granted or denied.**

Name (BLOCK LETTERS)

Signature

Date

Place

Before signing this declaration you are advised to read the Rules & Regulations of the Institute, which is available on our Website, www.actuariesindia.org. Hard copies are available at IAI Office.

Section: 6 - Checklist

Please complete and assign the following.

I have enclosed:	<input type="checkbox"/>	certified copies of all educational / professional certificate (with English as one of the subjects)
	<input type="checkbox"/>	Proof of Date of Birth
	<input type="checkbox"/>	Enclosed the DD / Pay Order towards payment of Admission fees.
	<input type="checkbox"/>	Signed and dated the applicant's declaration.
	<input type="checkbox"/>	Exam Form for May 2012 Diet
	<input type="checkbox"/>	Study material Form (subject you are appearing for exam)

Please sign within box with black ink.

Signed:

Date: _____



Institute of Actuaries of India

FOR OFFICE USE ONLY

Receipt No.	:		Date:	
Amount	:	_____		
Date of Admission	:	_____		
Membership No.	:	_____		
Initial	:	_____		