

**SPONSORSHIP FORM**  
(for New IRDA Agents,  
All fields marked in \* are mandatory)

Sponsorer Company Name: LIC OF INDIA      BRANCH CODE: \_\_\_\_\_

In charge/Authorised Person Name: \_\_\_\_\_

License Type      ;      Individual/Corporate  
Insurance Category Life/General\* Life/General  
Is Specified Person ? Yes/No    If yes License No \_\_\_\_\_

Applicant Details  
\_\_\_\_\_



Application Date: { dd/mm/yyyy} \_\_\_\_\_

Personal Information.  
\_\_\_\_\_

Applicant Name: Mr./Mrs./Ms./Dr. \_\_\_\_\_

Father / Husband Name : \_\_\_\_\_

Category \* General/SC/ST/OBC      Area: Urban/Rural

PAN: \_\_\_\_\_ Driving License No \_\_\_\_\_ Passport No \_\_\_\_\_

Voter Identity Card: \_\_\_\_\_ Photo ID card of Govt: \_\_\_\_\_

Basic Qualification Details      Class X      Class XII (Basic Qualification 10<sup>th</sup>)  
\_\_\_\_\_

Board Name of XII \_\_\_\_\_ Roll no of XII \_\_\_\_\_ Year of Passing \_\_\_\_\_

Educational Qualification  
\_\_\_\_\_

Any of these:

- Class X       Class XII
- Graduate       Post Graduate
- Associate/ Fellow of Insurance Institute of India
- Associate/ Fellow of Chartered Accountants of India
- Associate/ Fellow of Costs and Works Accountants of India
- Associate/ Fellow of Company Secretaries of India
- Associate/ Fellow of Actuarial Society of India
- Master of Business Administration  Others \_\_\_\_\_

Date of Birth {dd/mm/yyyy} \* \_\_\_\_\_ Sex: Male/Female

Primary Profession \_\_\_\_\_ Nationality: \_\_\_\_\_

Contact Information \_\_\_\_\_

Current Address      Permanent Address

Housing /Bldg Name: \_\_\_\_\_ House/Bldg Name: \_\_\_\_\_

Street/Road \_\_\_\_\_ Street/Road \_\_\_\_\_

Town./ City \_\_\_\_\_ Town/City \_\_\_\_\_

State \_\_\_\_\_ State \_\_\_\_\_

District \_\_\_\_\_ District \_\_\_\_\_

Pin Code \_\_\_\_\_ Pin Code \_\_\_\_\_

Phone No : \_\_\_\_\_ Mobile No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Insurer Ref No: \_\_\_\_\_

**Applicant Training Details**

Training Mode : ONLINE/OFFLINE

ATI Location MUMBAI

Training Institute Name \_\_\_\_\_

Accreditation Number \_\_\_\_\_

**Applicant Examination Details:**

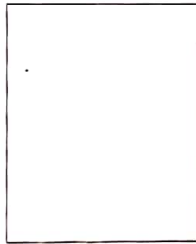
Examination Mode ONLINE/OFFLINE

Examination Body NSEIT LTD./ INSURANCE INSTITUTE OF INDIA

Examination Centre ANDHERI [E]/ FORT / DAHISAR (EAST)

Examination Language: MARATHI/ HINDI/ENGLISH/GUJRATI [ETC]

Photograph { Passport Size}  
COLOUR PHOTO WITH WHITE BACKGROUND



Signature :



DO's Name \_\_\_\_\_ BRANCH MANAGER'S SIGNATURE \_\_\_\_\_

CODE NO \_\_\_\_\_ STAMP

MOBILE NO \_\_\_\_\_

SIGNATURE \_\_\_\_\_