



Mumbai School of Economics and Public Policy (Autonomous), University of Mumbai and

Insurance Institute of India (College Of Insurance), Mumbai

APPLICATION FORM FOR ADMISSION TO ONE YEAR POST GRADUATE DIPLOMA IN HEALTH INSURANCE

| Application Number (office use): Applicant's Name: Applicant's Name: Applicant's Name: Applicant's Name: Applicant's Name: Applicant's Name: Applicant's Name: Applicant's Name: Applicant's Name: Applicant's Name: Applicant's Name: Applicant's Name: Applicant's Name: Applicant's Name: Applicant's | | | | |
|--|--|--|--|--|
| Surname: | | | | |
| | | | | |
| First Name: | | | | |
| | | | | |
| Middle Name: | | | | |
| | | | | |
| Gender: Male Female | | | | |
| Date of Birth: (dd/mm/yyyy) | | | | |
| Age (as on 31.01.2024 in completed years): | | | | |
| Caste Category: General Scheduled Caste Scheduled Tribe Nav Buddha | | | | |
| Backward Class Other Backward Class Others (give details) | | | | |
| Nationality: | | | | |
| Permanent Address: | | | | |
| Pin code: | | | | |
| Address for Correspondence: | | | | |
| Pin code: | | | | |
| Residential Telephone Number: STD Code:Tel. No.: | | | | |
| Mobile Number: Email ID: | | | | |

• Educational Qualification:

| Name of Examination | Name of University | Month & Year of Passing | Percentage & Grade |
|---|--------------------|----------------------------|-----------------------|
| H.S.C. (12 th Std.) | | | |
| First Year (Degree) (B.A./B.Sc./B.Com./) | | | |
| Second Year (Degree) (B.A./B.Sc./B.Com./ | | | |
| Third Year (Degree) (B.A./B.Sc./B.Com./ | | | |
| Fourth Year (Degree) () | | | |
| Final Year Degree () | | | |
| Other (specify) | | | |

(Note: Please attach self-attested Xerox copies of all the above documents including Passing / Degree certificate.)

- Work Experience if any (in years): ______
- Name of the current employer: ______

I hereby declare that all the statements made above are true and correct.

Place: _____

Date: _____

(Signature of Candidate)