



## 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 INSURANCE MARKETING
2024-2025

Application Number (office use):										Passport Size Colour Photograph								
Surr	name	:																
First	Nar	ne:						T		1	T	1	1	T		1	·	
Mid	dle N	lame	:					T		I	T	1	1	T		I	·	
Gender: Male Female Date of Birth: (dd/mm/yyyy)																		
Age (as on <b>31.01.2024</b> in completed years):																		
Backward Class Other Backward Class Others (give details)																		
Nationality:																		
Permanent Address:																		
Pin code:										_								
Add	ress	for C	orres	pond	lence	:						 		 				
Pin code:									_									
Residential Telephone Number: STD Code:Tel. No.:																		
Mot	Mobile Number: Email ID:																	

## • Educational Qualification:

Name of Examination	Name of University	Month & Year of Passing	Percentage & Grade
H.S.C. (12 <sup>th</sup> 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)