



युनाइटेड इंडिया इश्यूरेन्स कंपनी लिमिटेड
UNITED INDIA INSURANCE COMPANY LIMITED
(भारत सरकार का उपक्रम) / (Government of India Undertaking)

पंजीकृत कार्यालय : 24, वाइट्स रोड, चेन्नै - 600 014 | Regd. Office : 24, Whites Road, Chennai - 600 014

प्रधान कार्यालय : 19, 'नालंदा' IV लेन, नुंगम्बाक्कम, चेन्नै - 600 034 | Head Office : 19, 'NALANDA' IV Lane, Nungambakkam, Chennai - 600 034

Application for the posts of
Actuary in addition to Appointed Actuary

Recent Passport Size
Photograph

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| 1. | Name of Applicant | Mr. / Ms. |
| 2. | Post applied for (strike out whichever is not applicable) | Actuary in addition to Appointed Actuary |
| 3. | Residential Address with Telephone number | |
| 4. | Office address | |
| 5. | Mobile No. & Landline No. | |
| 6. | E-mail address | |
| 7. | Date & Place of birth | |
| 8. | Whether ordinarily resident in India? | |
| 9. | Professional Qualifications | |
| 10. | Emoluments expected | |
| 11. | Work experience | |
| a. | Details of relevant total experience as per IRDAI (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024 <i>Clearly indicate the experience in the respective area of Life / Health / General</i> | Details of organization: Designation : From [dd/mm/yyyy] : To [dd/mm/yyyy] : Duration [in months] : Details of experience*: |



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| b. | Details of relevant post fellowship experience (out of (a) above) <i>*For the purpose of IRDAI (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024- clearly indicate the experience: Annual statutory valuation / Product pricing / Peer Reviewer / Independent Actuary / Panel Actuary / Certifying Actuary / Actuarial consultancy / relevant experience with the Authority in the respective area of Life / Health / General</i> | Details of organization: Designation : From [dd/mm/yyyy] : To [dd/mm/yyyy] : Duration [in months] : Details of experience*: |
| c. | Middle/Senior level Management Experience | Details of organization: Designation : From [dd/mm/yyyy] : To [dd/mm/yyyy] : Duration [in months] : Details of experience : |
| 12. | Whether passed specialization subject in i) General Insurance (Yes / No) ii) Health Insurance (Yes / No) If NO, Please Specify subject_____ | |
| 13. | Achievements and special positions held presently or previously | |
| 14. | Names, countries of incorporation, addresses and principal activities of any other firms or companies in which the applicant currently is or previously was a Director, Partner, Proprietor, Employee, Consultant, Peer Reviewer, Independent Actuary on with profit committee, Mentor to Appointed Actuary, Panel Actuary or Certifying Actuary of Reinsurance returns | Details of the Organization (Name, country of incorporation etc...): Designation : From [dd/mm/yyyy] : To [dd/mm/yyyy] : Duration [in months] : Work profile : |
| 15. | Particulars of any criminal conviction for offences in India or elsewhere | |



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| 16. | Has the applicant been adjudicated bankrupt during the last ten years? If so, give details | |
| 17. | Has any disciplinary action been taken or initiated by any professional body or any insurance regulator or any other entity? If so give details (Refer Reg. 7 (17) of IRDAI (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024) | |
| 18. | Declaration regarding conflict of interest as per Regulation 8 of IRDAI (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024 | I shall function in accordance with Insurance Regulatory and Development Authority of India (Actuarial, Finance and Investment Functions of Insurers) Regulations, 2024 and I shall not function in any other capacity which could result in conflict of interest in performing my role as Actuary in addition to Appointed Actuary in M/s. United India Insurance Co. Ltd., in accordance with these Regulations. |

Certification by Applicant:

I hereby certify that the information given in this form is complete, true and correct and also enclose the certificate of Practice issued by the Institute of Actuaries of India.

Date:

Place:

Signature of the Applicant

Important Note: Eligibility criteria as mentioned in Annexure I is to be filled-in compulsorily.



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Annexure I

(Please give your replies without any omission)

Actuary in addition to Appointed Actuary - Eligibility Criteria:

i. Ordinarily resident in India;

Yes / No

ii. A Fellow member of IAI / IFOA with at least 1 year of Actuarial work experience in the preceding five years (Prior / Post Fellowship) in Insurance Industry.

Yes / No

If NO, please specify the specialization subject _____

iii. A person who has not committed any breach of professional or other misconduct;

Yes / No

iv. Not an Appointed Actuary or an Actuary in addition to Appointed Actuary of another Insurer in India;

Yes / No

v. Not over the age of 60 years.

Age in years : _____

Date:

Place:

Signature of the Applicant