

SPONSORSHIP FORM

DO Name : _____
 Mobile No. : _____
 DO Code : _____
 Branch Code : _____

Sponsorer Company Name : LIFE INSURANCE CORPORATION OF INDIA
 In Charge/Authorized Person Name : _____
 License Type : Individual Corporate
 Insurance Category : Life / General (All fields marked in * are manatory)
 Is Specified Person? : Yes / No If Yes, License No. : _____

<p>Application Details : Application Date (dd/mm/yyyy)* : _____</p> <p>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. : _____</p>	Applicant Photo
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Basic Qualification Details* : Class X / Class XII
 Board Name * : _____ Roll Number * : _____
 Year of Passing * : _____ Educational Qualification * : Any of Below:
 Class X Class XII Graduate Post Graduate Associate/Fellow of actuarial Society of India
 Associate/Fellow of Insurance Institute of India Associate/Fellow of Institute of Chartered Accountants of India
 Associate/Fellow of Institute of Costs and works A/cs. of India Master of Business Administration
 Associate/Fellow of Institute of Company Secretaries of India others: _____
 Date of Birth (dd/mm/yyyy)* : _____ Sex : Male/Female
 Primary Profession : _____ Nationality : Indian

Contact Information

Current Address	Permanent Address
House Number * _____	House Number * _____
Street / Road * _____	Street / Road * _____
Town / City * _____	Town / City * _____
State * _____	State * _____
District * _____	District * _____
Pin Code * _____	Pin Code * _____
Phone No. * _____	Phone No. * _____
Mobile No. * _____	Mobile No. * _____
E-mail ID * _____	E-mail - must for online training

Other Information

Note : If any of the relative of applicant is in Govt./semi Govt. services. Date on which reference made to DO & other details if any
 If applicant related to any other agent / DO / ME / member of staff. Date on which reference made to DO & other details if any

Applicant Training Details :

Training Mode : Online / Offline
 ATI location : _____
 Training Institute Name * : _____
 Accreditation No. * : _____

Applicant Examination Details :

Examination Mode * : Online / Offline
 Examination Body * : _____
 Examination Center * : _____
 Examination language * : _____

MR No. _____ Date : _____
 For Rs. 150



Name : _____
 Designation : _____

All documents verified from original
 Branch Incharge

Division Name : _____

Branch Name : _____

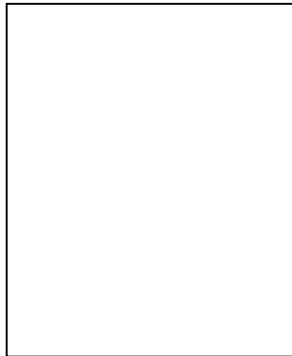
Name of the Candidate : _____
(In case of renewal, Name of the agent)

Unique reference number : _____
(For new cases) (URN)

Agency Code : _____

License No. : _____

Photograph :
(Passport Size)



Signature :

