





5. Training equipment – Audio and Video facility available at the training Institution.
  1. Facilities:[ ] 0:None, 1: only Audio, 2: only Video, 3: Both Audio and Video
6. Other activities of the Training Institution (Please give details whether the Institution is involved in any activity other than training). Also kindly indicate about the training activity for any other courses.
7. Affiliations – (Please mention here whether the training Institution is affiliated to any other National/International Institution.
8. Details of communication linkages – whether the training Institution publishes any Newsletters/bulletins etc., if so, please give details and attach copies thereof.
9. Future plans of expansion of the Training Institution.
10. Any other information that can be of interest to the Authority pertaining to the Institution.

**Certification:-**

We certify that the above information furnished in connection with accreditation of our training Institution for the purpose of Agency Licensing Requirements to the Authority is true and we shall abide by the directions that may be issued by the Authority under the provisions of the Insurance Act, 1938 and Insurance Regulatory and Development Act, 1999.

Name and Signature of the Applicant

Place:----- Designation

Date:----- Seal of the Institute