

FORM-IRDA-16
TRAINING COMPLETION CERTIFICATE
(REG 16(3))

Important Instructions:
TO BE SUBMITTED BY TRAINER FOR EACH TRAINEE, AFTER COMPLETION OF THE TRAINING

SLA No. <<Trainer Name>><<Trainer Address>>
Date of Expiry: <<Trainer Qualification>>
Membership ID No.....
level of Membership

SURVEYOR & LOSS ASSESSOR
<List of department in which trainer is licensed>

This is to certify that Mr/Ms had undergone training with me in department/s <List of departments with check box> From <date> to <date> for a period of 12 months/6 months. During the process he learnt various aspects of <department> for surveying and loss assessing

During the period of training I found him/her hardworking, sincere, and understanding. In my opinion he is fully conversant with all the techniques of Survey and

I wish him/her all the best in his/her all future carrier,

<Additional remark if any >

<Trainer Name>

SURVEYOR & LOSS ASSESSOR

SLA NO..... Date of Expiry.....

Membership No..... Level of Membership.....