



**THE ORIENTAL INSURANCE COMPANY LIMITED**  
**HEAD OFFICE NEW DELHI**

**Application for the promotion to Cadre (Scale II/III/IV/V):-**  
**(Under Fast Track Promotional Channel in PE 2024-25)**

1. Salary Roll No.

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2. Name (in capitals)

3. Category: ( General /OBC/ SC / ST)-

4. Whether belonging to Person with Benchmark Disability Yes/No

4(a) If yes, percentage and type of disability  
(Submit the enclosed prescribed declaration form alongwith Disability Certificate)

5. Present Cadre (Scale I/II/III/IV):

6. Projected Seniority No (as on 01.04.2024)

7. Date of Joining in the Present Cadre(DD/MM/YYYY):-.....

8. Present Place of Posting

Office Code:

Office Name:

Department:

Regional Office/Head Office:

9. Date of Joining in the Present Office(DD/MM/YYYY) .....

10. Qualification (Academic):-

11. Existing Insurance Qualification /Technical Qualification (As on 15.11.2023) :-

Diploma	Name of the Institution	Date & Year Of Passing	Diploma No.	Life Membership No.
Associate				
Fellow				

(Please enclose the proof of technical qualification, i.e. certified copy of Diploma & Membership)

**Salary Roll No**

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12. Particular of Loss of pay / unauthorized absence / suspension in the existing cadre, if any:-

Period of LOP/ Unauthorized Absence/ Suspension (DD/MM/YYYY)		Number of days	Authorized / Unauthorized absence / Suspension
From	To		

13. In the present cadre, have you earlier appeared for the written exam for Fast Track channel under Promotion Policy for Officers 2006 (**Yes/No**):-

If YES, please furnish the following details:-

Promotional Exercise	Qualified/Did not Qualify

**Declaration**

I hereby declare that :-

- (a) The information given above is complete and true to the best of my knowledge.
- (b) I agree that in case any of the aforesaid statements is found to be untrue, then chance given to me by the Company under the Promotion Policy will stand withdrawn without prejudice to any other action that may be taken against me by the Company.

Place & Date :-

**Signature of the Applicant**

Salary Roll No

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**For Office In-charges**

This is to certify that the application of Mr. / Ms. ....SR. No ..... has been received by the office on .....

Place & Date:

**Signature of Office Incharge :-**

**Designation :-**

**Salary Roll No. :-**

**VERIFICATION BY RO/HO(Admin)**

We have verified the above particulars given by the officer from the Office records and found the same to be correct. We also confirm that correction/s, wherever made, have been effected by us based on official records.

**Signature of the Authorized Signatory  
(CM / RM/ CRM/DGM I/C)**

Name of the Officer :-  
Designation :-  
Salary Roll No. :-  
Place & Date :-