**The Oriental Insurance Company** [**Limited**](http://cbs.wondershare.com/go.php?pid=5261&m=db)

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Photograph of

Candidate

signed across

Sunrise Bizz Park,1st Floor, Charkhal, Dillibazar P.O.Box 165,Kathmandu, Nepal

**APPLICATION FORM FOR THE POST OF ACTUARIAL ANALYST**

**(Contractual Basis)**

|  |  |
| --- | --- |
| **Name (In Capital Letter)** |  |
| **Father’s Name** |  |
| **Citizenship/passport no.** |  |
| **Date of Birth (AD)** |  |
| **Age As on 31th March 2025** |  |
| **Complete Permanent Address** |  |
| **Correspondence Address** |  |
| **Mobile Number & Email ID\*\*** |  |
| **Physically Disabled (Yes/ No)** |  |
| **Expected Remuneration p.m.** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Degree / Diploma** | **Name of University/ Institution** | **Area of Specialization if any** | **Year of Passing** | **Marks % Secured** |
|  |  |  |  |  |
|  |  |  |  |  |

**EDUCATIONAL QUALIFICATIONS: Graduation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Actuarial science Papers** | **Name of University/ Institution/ Association** | **Year of Passing** | **Marks % Secured** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PROFESSIONAL EDUCATIONAL QUALIFICATION: (ACTUARIAL)**

**LANGUAGE SKILLS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Reading** | **Writing** | **Speaking** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EXPERIENCE (In reverse Order- From present Experience to past experience): if any**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Period  (from-To)** | **Place of posting** | **Designation** | **Department** | **Nature of Duties** | **Special**  **Achievement**  **if any** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Any other information to be furnished** (required by the candidate)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Kindly attach the copy of all the documents duly self-attested along with the application

Declaration: I do hereby declare that all the information given above is true to the best of my knowledge

and belief.

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Candidate

**Filled application forms along with necessary enclosures are to be submitted on or before 16th March 2025 at the following address**:

The Oriental Insurance Company Ltd.

P.O. Box no. 165

Sunrise Bizz Park, 1st Floor,

Charkhaal, Dillibazar, Kathmandu, Nepal - **Email**: [oriental@orientalinsurance.com.np](mailto:oriental@orientalinsurance.com.np)