LOGOINDIAN INSTITUTE OF BANKING & FINANCE

**Registration Form for Contact Classes - Certified Credit Officer - October 2017**

Zonal Head

**Indian Institute of Banking & Finance**

**Professional Development Centre, Eastern Zone**

**Hindustan Building (Annexe), 7th Floor**

**4, C. R. Avenue, Kolkata – 700072**

**Phone - 033-2212-4991/4992, Fax - 033-2212-4680**

**Website:** [**www.iibf.org.in**](http://www.iibf.org.in)

Dear Sir/Madam,

Kindly enrol me as a candidate for the Contact Classes to be organised by the Institute to be held in October 2017.

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| --- | --- |
| Name of the Centre(City) Opted | Kolkata |
| Membership No./Registration No. |  |
| Name of the Candidate |  |
| Course | Certified Credit Officer |
| Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Details of Fee Remitted : | UTR NO DATE AMOUNT |

Candidates are requested to keep a copy of the application form for further reference

Date: Signature

**Candidates are requested to provide following bank details for refund of fees in case program is cancelled.**

Candidates Name: Account no:

Bank Name: Branch: IFSC code: