

Zonal Head,  
Indian Institute of Banking & Finance,  
109-113, Vikrant Tower, 1<sup>st</sup> Floor,  
4, Rajendra Place, New Delhi-110008

Dear Sir,

Re: Application form for Contact Classes – CAIIB

Please indicate the city name where you will be attending the contact classes by marking tick (✓):

**Chandigarh:** ( )                      **Lucknow:** ( )                      **New Delhi:** ( )

Registration will be done on **FIRST COME FIRST SERVE** basis. **The Class will be conducted only on enrollment of minimum 25 candidates and maximum limit will be 35 candidates.**

Membership/Registration No: \_\_\_\_\_ Name: \_\_\_\_\_

Mobile No: \_\_\_\_\_ E-mail Id: \_\_\_\_\_

UTR No: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Bank&Branch name: \_\_\_\_\_

I would like to apply for the contact classes program for the subject/s indicated below:

(Please tick against the name of subject you would like to take admission for the contact class. **You are requested to keep a photocopy of this form for your reference.**)

CAIIB	Date	Total Amount with Service Tax	✓
ADVANCE BANK MANAGEMENT (2 DAYS)	Nov.12, &13 2016	Rs.920/-	
BANK FINANCIAL MANAGEMENT (3 DAYS)	Nov.20,26 &27 2016	Rs.1380/-	

**Fee amount should be paid in single payment and not by subject wise.**

**Date:**

**Place:**

**Signature:**

**Please send duly filled application form immediately after making payment through email at [iibfnz@iibf.org.in](mailto:iibfnz@iibf.org.in) and [jagdishr@iibf.org.in](mailto:jagdishr@iibf.org.in)**

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

Candidates Name:

Candidate's Account no:

Bank Name:

Branch Address:

IFSC code: