

**INDIAN INSTITUTE OF BANKING AND FINANCE**

**(ISO 21001:2018 CERTIFIED)**

**CORPORATE OFFICE, MUMBAI**

**APPLICATION FOR ACCREDITATION ON DRA TRAINING**

**(To Impart Training of 50 / 100 hours on Debt Recovery Course)**

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| 1. Name of the Applicant Institution (Bank / NBFC / FI / Institute) |  |
| 1. PAN of the Bank / NBFC / FI / Institute (with Name) |  |
| 1. Correspondence Address of the Institution (Regd. Off. / CO / Principal Place of Business) |  |
| 1. Telephone No. / Mobile No./ Fax No. |  |
| 1. Web site Address, if any |  |
| 1. Email Id & Phone No. of the Institution /Head of the Institute /Contact person (With Name & Designation) | 1.  2. |
| 1. PAN of the Head of the Institute / Contact Persons (with Name) | 1.  2. |
| 1. Details of the Institution:   – Brief History of the Institution \*  - Year of Establishment  – Purpose of Establishment  – Corporate Address with phone no.  – Name of Promoter(s)  - PAN of the Promoter(s), in case active I in management of the Institution.  – Constitution of the Institution (society/ firm / company etc.)  – Registration No., (if any) with name of Authority  – Governing council / Management Committee details (with Name & Designation) \*  - Organisation Tree (with Name & D Designation) \*  – Present activities etc. \*  (Attach additional sheet providing necessary details) |  |
| 1. Profile of the Institution:   Activities undertaken by the institution w.e.f.   * Courses offered, if any * Accreditation from any Institution/s, if any * Awards / Recognition, if any * Others (if any) |  |
| 1. A brief outline of educational / training activities undertaken during last 2 Yrs.\* |  |
| 1. No. and Name of existing/ earlier centres accredited by IIBF (if any). |  |
| 1. Accreditation requested for Physical / Virtual training/Both modes of training. 2. Location 3. Address 4. Name of in-charge 5. Contact details |  |
| 1. Profile of the Faculties (for the following subjects): 2. General Banking which includes  * Recovery procedures and legal aspects of recovery; and  1. Soft skills which covers  * behavioral aspects of recovery agents.   The Profile should indicate -   1. Qualifications 2. Previous experience and 3. Other details of Faculties   (Attach CV of the Faculties)\* |  |
| 1. Infrastructure availability for training: -   I. Physical Classroom with Web-based CCTV Coverage (live networked):  i. Area (in Sq. Ft.);  ii. No. of classrooms (refer Annexure I);  ii. Seating capacity in each classroom  iii. Classroom with web-based camera  iv. Blackboard / whiteboard  v. Lighting  vi. Ventilation  II. Virtual/ Online Training Related Infrastructure: -  i. Name & Type of Online Platform  ii. No. of PCs  iii. No. of Laptops |  |
| 1. Financials (Attach copies of the audited financial statements for last three consecutive F/Yrs) |  |
| 1. Likely fee to be charged for the DRA Course per candidate. |  |
| 1. \* Any other details in support of accreditation. |  |
| 1. Reason(s) in support of the application for the accredidation (i.e. why the accreditation for DRA Training should be provided for) |  |

\* Additional sheets can be attached with the Application while providing required/ related details.

We confirm that the above mentioned information is true and correct.

Signature of the Authorised Signatory of the Bank/ FI/ Institute:

(Name and Designation of the Authorised Signatory):

Date & Place of Application: SEAL of the Bank/ NBFC/ FI/ Institution

**Annexure 1**

**Location wise Training Infrastructure Detail**

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| --- | --- | --- | --- | --- | --- |
| **Location** | **Address** | **Details of Training Area/ Space** | **Number of Class Rooms** | **Seating Capacity Room wise** | **Owned / Rented Property** |
|  |  |  |  |  |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare that,

I am the owner of / have rented (strike-out suitably) the premises \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_ location.

The premise is occupied by \_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_.

I confirm that the information provided by me, herein, are true and correct.

Authorised Signatory of the Bank/ NBFC/ FI/ Institution (with SEAL):

(Name & Designation of the Signatory):

Date:

Place:

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**NB:**

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| * Applications are scrutinised / considered for next course of action periodically which may take months’ time depending upon requirement of the Institute; * In case of short-listed application, communication will be made in due time; * No formal communication on consideration of the application shall be made: i. until its process for deliberation at appropriate level; or   ii. in case the same is not short listed for the accreditation purpose;   * **Scanned copy of the application** (completed in all form) is to be e-mailed to [dracell@iibf.org.in](mailto:dracell@iibf.org.in); & * **Hardcopy of the same application** is to be sent through post / courier to: -   Assistant Director, Examination Deptt. – DRA Cell,  Indian Institute of Banking & Finance,  Kohinoor City, Commercial – II, Tower – I, 2nd Floor,  Kirol Road, Kurla-West,  Mumbai – 400 070.  Phone No. 022 - 6850 7076 / 7044. |

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