

**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)
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| 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.\*
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| 1. No. and Name of existing/ earlier centres accredited by IIBF (if any).
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| 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. VentilationII. 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)
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| 1. Likely fee to be charged for the DRA Course per candidate.
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| 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)
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\* 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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; &
* **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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