

## INDIAN INSTITUTE OF BANKING & FINANCE

### (ISO 21001:2018 Certified)

**NOMINATION FORM FOR BANKS/ Fis**

**Online Programme: “Digital Banking CX - Winning Strategies for Marketing & Customer Engagement”**

Date: 16th to 17th September 2025

Type: **Virtual (Online) mode**

**PARTICIPANTS NOMINATED:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No | Name (Mr/Mrs/Ms) | Designation | Branch/Office | Contact No.  (Mobile No & Landline No.) | E-mail (PERSONAL AND OFFICIAL MAIL ID  BOTH)\* |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
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| 5 |  |  |  |  |  |

**\*LOGIN DETAILS OF THE PROGRAM SHALL BE SHARED ON PERSONAL MAIL ID.**

Name of Bank/ FI: Address:

GST Details of Nominating Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone of **Nominating** Official: E-Mail of **Nominating** Official:

**Fee**: Rs. 4,000/- per participant plus GST @18% aggregating to Rs. 4,720/- (Rs. Four thousand seven hundred twenty only). (In case of TDS deduction, please send us TDS certificate).

Programme fees may be remitted to the credit of Institute’s account as given below:

* Beneficiary Name: Indian Institute of Banking and Finance
* Name of the Bank branch: State Bank of India, Vidya Vihar (West), Mumbai.
* SB Account No: 36919200263 IFSC code: SBIN0011710
* (PAN No: AAATT3309D and GSTIN NO. 27AAATT3309D1ZS)

**(Please provide your GSTN in the nomination letter)**

**Please send your nominations at the earliest to:**

Dr.Thiruma Valavan A,

Programme Coordinator & Deputy Director

Mobile: 95858 83789

Email: [dd.trg2@iibf.org.in](mailto:dd.trg2@iibf.org.in)



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### (ISO 21001:2018 Certified)

**FORM FOR SELF-SPONSORED CANDIDATES**

**Programme title: “Digital Banking CX - Winning Strategies for Marketing & Customer Engagement”**

Date: 16th to 17th September 2025

Programme Type: **Virtual (Online) mode**

**Details of nomination:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No | Name (Mr/Mrs/Ms) | Designation | Contact No.  (Mobile) | E-mail (PERSONAL) | UTR NUMBER |
| 1 |  |  |  |  |  |

Name of Bank/ FI employed with: \_ Address for communication:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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