



## INDIAN INSTITUTE OF BANKING & FINANCE

### Application for Contact Classes – CAIIB Examinations December 2017

Zonal Head  
Indian Institute of Banking & Finance  
PDC-Southern Zone, No.94 J N Road  
Opp. Hotel Ambica Empire, Vadapalani  
Chennai – 600 026.

Dear Sir/Madam,

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

Name of the Centre Opted (Chennai, Bangalore, Hyderabad)	
Membership No./Registration No.	
Name of the Candidate	
Course	CAIIB <input type="checkbox"/>
Address	   Phone: _____ Mob: _____ e-mail: _____
Subject for which enrolment sought	Advanced Bank Management <input type="checkbox"/> Bank Financial Management <input type="checkbox"/>
Details of Fees Remitted :	UTR NO : _____ DATE : _____ AMOUNT : _____ BANK : _____

Candidates are requested to keep a copy of the application form for further reference and produce the same to the co-ordinator on demand on the day of the classes.

Date:

Signature

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

Candidates Name:

Account no:

Bank Name:

Branch:

IFSC code: