

INDIAN INSTITUTE OF BANKING & FINANCE, MUMBAI

<p>APPLICATION FOR ACCREDITATION OF INSTITUTIONS for providing 100 hours training to Debt Recovery Agents (DRA)/DSA/DMA</p>
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1. Name of the Institute.	
2. Address of Establishment	
3. Telephone No / Mobile/Fax no.	
4. Year of establishment	
5. Web site address, if any	
6. E mail id of the Institute / Head of Institute / CONTACT PERSONS	1. 2.
7. *Brief History about the Institute-year of establishment-Name of promoter-Governing Members -present activities etc	
8.*Profile of the Institute –activities, age of the institute, any special recognition received etc.	
<p>Programs conducted at present*</p> <p>Duration Average number of candidates trained in the program</p>	
9. No. of existing centres accredited	
10.Full address /Telephone no.of proposed Centre and mobile no. of in charge of proposed centre for accreditation	
8. Profile of the faculty-for the following subjects- General Banking, recovery procedures and legal aspects of recovery and Soft skills indicating Qualifications, previous experience, other details etc (Please attach CV of faculty)	
9. Infrastructure availability-number of class rooms-capacity etc	
10. Financial Soundness –capital invested Sources of finance	

11. Likely fees to be charged for the above course per candidate per subject	
12. Earliest date on which the assignment can be taken up	
13. Names of two banks as referees whom the applicant institution knows already	
14. A brief outline of educational /training activities undertaken in the last 2 years	
15. Any other details in support of accreditation	

(* Additional sheets may be attached wherever required).

We confirm that the above information is true and correct.

Authorised Signatory

With SEAL

Date:

Annexure 1

Location Wise Training Infrastructure Detail

Location	Address	Details of Training Space	Number of Class Rooms