

Training Completion Certificate

(To be issued by the Training Centre to the candidate after the mandatory training is completed and to be ENCLOSED with the examination Application Form.)

Passport size
Black & White
Photograph of
Candidate to be
pasted here

To,
The Chief Executive Officer
Indian Institute of Banking & Finance
Mumbai - 400 005.

Name of the Candidate : (Mr./Ms.) _____
(As given in the Examination Application Form)

ADDRESS OF CANDIDATE : _____

_____ PIN CODE : _____

NAME AND ADDRESS OF THE TRAINING INSTITUTE : _____

This is to certify that the above named candidate has satisfactorily completed 100 hours of mandatory training for the prescribed syllabus of Debit Recovery Agents Examination during the period from..... to at our Training Centre.

Date : _____

Signature :

Name :

Designation :

Office Seal :