INDIAN INSTITUTE OF BANKING & FINANCE

(ISO 21001:2018 Certified)

**NOMINATION FORM for BANKS- June 2025**

**Program -“ Credit Monitoring & Recovery”**

**Date:**

**Program Type: Physical classroom**

**PARTICIPANTS NOMINATED:**

Bank/Organisation:

Address/GSTIN for raising invoice:

 \_ Pin Code: Nominating official contact details/mail id

**(Kindly provide your GST Number in the nomination letter to facilitate raising of invoice)**

**Sl.No**

**Name (Mr./Ms)**

**Designation**

**Branch/Office**

**Mobile No. and Land Line No.**

**E-mail id**

**1**

**2**

**3**

**4**

INDIAN INSTITUTE OF BANKING & FINANCE

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**Program --“ Credit Monitoring & Recovery”**

FORM FOR SELF-SPONSORED CANDIDATES -June 2025

**Date:**

**Programme Type: Physical classroom session**

Details of candidate:

Name & Address of Bank/ FI employed with:

Postal Address of participant:

PIN code:

Sl. No

Name

Designation

Contact No. (Mobile)

E-mail id

UTR NUMBER

towards fees remitted

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