Zonal Head,

Indian Institute of Banking & Finance,

Professional Development centre, Southern Zone

94, Jawaharlal Nehru Road

Vadapalani, Chennai-600 026

Dear Sir,

Re: Application form for Coaching Classes – CAIIB

Membership No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail Id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UTR No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_ Amount :\_\_\_\_\_\_\_\_\_\_Bank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & Branch name:\_\_\_\_\_\_\_\_\_\_\_\_

I would like to apply for the coaching classes for the subject/s indicated below:

(Please tick against the name of subject you would like to take admission for the coaching class. **You are requested to keep a photocopy of this form for your reference**.)

|  |  |  |  |
| --- | --- | --- | --- |
| **CAIIB** | **Date** | **CLASS FEES WITH SERVICE TAX** | **** |
| ADVANCED BANK MANAGEMENT | April30, May1,7,13,14,21& 27 | Rs.4000/- plus 15% service tax, i.e.Rs.600/- aggregating to Rs.4,600/- |  |
| BANK FINANCIAL MANAGEMENT | June 10,11,12,13,14,  15, 16 &18 | Rs.5000/- plus 15% service tax, i.e.Rs.750/- aggregating to Rs.5,750/- |  |

Registration will be done on **FIRST COME FIRST SERVE** basis as the seats are limited. **The Class will be conducted only on enrollment of minimum 20 candidates.**

**Date:**

**Place: Signature:**

**Please send duly filled application form immediately after making payment through email at** [**iibfsz@iibf.org.in**](mailto:iibfsz@iibf.org.in)and copy to [**vahitha@iibf.org.in**](mailto:vahitha@iibf.org.in)

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

|  |  |  |  |
| --- | --- | --- | --- |
| Candidates Name: |  | Candidate’s Account no: |  |
| Bank Name: |  | Branch Address: |  |
| IFSC code: |  |  |  |