



# INDIAN INSTITUTE OF BANKING & FINANCE

An ISO 9001 : 2008 Organisation

Kohinoor City, Commercial-II, Tower-1, 2nd Floor, Kiroli Road, Off-L.B.S Marg, Kurla (west), Mumbai- 400 070.

APPLICATION FORM FOR CERTIFICATE EXAMINATION FOR DEBT RECOVERY AGENTS / DRA TELE CALLERS

TO BE SUBMITTED TO THE RESPECTIVE ZONAL OFFICES THROUGH THE TRAINING INSTITUTE, FOR ADDRESS REFER ATTACHED INSTRUCTIONS PAGE

Please read Important Instructions given in the attached sheet before filling up this form

REGISTRATION NUMBER :   
(For repeaters only)

MEDIUM OF EXAMINATION (COMPULSORY)  
In the absence of a clear choice English will be  
presumed as the medium opted

English, Hindi, Marathi, Malayalam, Tamil,  
Kannada, Oriya, Gujarati, Bengali, Telugu, Assamese

NAME (Capital Letters) : (Mr./Ms.) \_\_\_\_\_

ADDRESS FOR : \_\_\_\_\_  
COMMUNICATION (Capital Letters)  
(Please inform change of  
address, if any in future,  
to the Institute) \_\_\_\_\_

DATE OF BIRTH\*\* :   
(Compulsory) D D M M Y Y Y Y

PIN CODE : \_\_\_\_\_  
(Compulsory)

Sex (M/F) : \_\_\_\_\_

QUALIFICATION\*\* : \_\_\_\_\_  
(Compulsory)

\*\* Attested Certificate to be enclosed for Date of Birth and Qualification

PROOF OF IDENTITY : Copy of \_\_\_\_\_ attached. Refer Instruction No. 4  
(Compulsory)  
(Applicable only for non-members)

MOBILE / TEL.NO.(with STD Code) : \_\_\_\_\_  
(Compulsory)

FAX NO. (with STD Code) : \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
(Compulsory)

CENTRE CODE :   
(Please refer instruction No. 7)

CENTRE NAME : \_\_\_\_\_

NAME OF THE TRAINING INSTITUTE : \_\_\_\_\_

TRAINING PERIOD FROM : \_\_\_\_\_ TO \_\_\_\_\_

EXAMINATION / REGISTRATION FEE : (Refer Instruction No. 5 a)

PAYMENT DETAILS : [Refer Instruction 5 b]

DD NUMBER	DD DATE	AMOUNT	DRAWEE BANK & BRANCH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## DECLARATION

I wish to enroll as a candidate for the above mentioned examination. I confirm having read Rules and Regulations and other instructions governing the above examination of the Institute. I hereby agree to abide by all the said Rules and Regulations and other instructions of the Institute. I declare that I have not been debarred/disqualified from appearing at the Institute's examination/s at the time of submitting this application. I further declare that in case I am desirous of instituting any legal proceedings against the Institute, I hereby agree that such legal

PLACE:

DATE :

SIGNATURE OF THE CANDIDATE

## PART 'B'

REGISTRATION NUMBER :   
(For repeaters only)

NAME : (Mr./Ms.) \_\_\_\_\_  
(Capital Letters)

Passport size  
Photograph of  
Candidate to be  
pasted here

SPECIMEN SIGNATURES OF THE CANDIDATE