



INDIAN INSTITUTE OF BANKING & FINANCE

An ISO 9001 : 2000 Organisation

'THE ARCADE', WORLD TRADE CENTRE, EAST WING, CUFFE PARADE, MUMBAI-400 005.

Application Form For Certificate Examination in Debt Recovery Agents

(To be filled up and sent to IIBF at the above address through the training Institute)

Please read important Instructions given in the back side before filling up this form

REGISTRATION NUMBER :
(For repeaters only)

NAME (Capital Letters) : (Mr./Ms.) _____

ADDRESS FOR COMMUNICATION : _____
(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 : _____
Sex (M/F) : _____

QUALIFICATION** (Compulsory) : _____

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

MOBILE / TEL.NO.(withSTDCode) : _____

FAX NO. (with STD Code) : _____ E-MAIL: _____

(Compulsory)

CENTRE CODE : CENTRE NAME : _____
(Please refer backside for centre details)

NAME OF THE TRAINING INSTITUTE : _____

TRAINING PERIOD FROM : _____ TO _____

Examination Fee

		Please Tick
First attempt	Rs. 1500 @	
Subsequent each attempt	Rs. 1200	

@ including an amount of Rs. 300/- towards registration fee is payable by non-members.

PAYMENT DETAILS :

DD NUMBER	DD DATE	AMOUNT	DRAWEE BANK & BRANCH

DECLARATION

I wish to enroll as a candidate for the above mentioned examination. I conform 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 proceedings shall be instituted only in courts at New Delhi, Kolkata, Mumbai & Chennai; as the case may be, in whose jurisdiction the application is submitted by me and not in any other court.

SIGNATURE OF THE CANDIDATE

PART 'B'

REGISTRATION NUMBER :
(For repeaters only)

NAME (Capital Letters) : (Mr./Ms.) _____

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

SPECIMEN SIGNATURES OF THE CANDIDATE



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IMPORTANT INSTRUCTIONS TO CANDIDATES

1. Application form once submitted cannot be withdrawn and fees will not be refunded / adjusted.
2. Application forms found defective / incomplete will be rejected.
3. Attach attested copies for Date of Birth and Qualification as proof.
4. Eligibility is governed by rules published in the Rules and Syllabus booklet.
5. The Institute would be issuing Admit card to candidates. This card would be valid for the period as mentioned on the card and the same should be produced to the examination authority. In the absence of admit card, candidate is liable to be denied permission in the examination hall.
6. Date, time and venue details of the examination will be provided in the admit card.
7. Candidates are required to be present at venue of the examination 15 minutes before commencement of the examination and no candidate will be permitted to enter the examination hall after expiry of 15 minutes or to leave the hall before expiry of one hour from commencement of examination.
8. Candidates are not permitted to carry mobile phones & reading materials in the examination hall.

Centre Details

Centre Code	Centre Name
98	AHMEDABAD
503	ALLAHABAD
191	BANGALORE
508	BAREILY
603	CHANDIGARH
457	COIMBATORE
207	HUBLI
13	HYDERABAD
395	JALANDHAR
530	KANPUR
533	LUCKNOW
306	MUMBAI
322	PUNE
87	RANCHI

N. B. : More Centres will be added shortly. Please visit our website for centre details.

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 :



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

Due Diligence Certificate

(to be provided by Bank / NBFCs after candidate has passed the examination)

CANDIDATE REGISTRATION NUMBER :

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NAME (Capital Letters) : (Mr./Ms.) _____

ADDRESS FOR COMMUNICATION : _____
(Please inform change of address, if any in future, to the Institute) _____

PIN CODE : _____
(Compulsory)

NAME AND ADDRESS OF THE TRAINING INSTITUTE : _____

This is to certify that the above named candidate is engaged for our bank / institution as a Debt Recovery Agent.

We confirm that :

- (i) He / She is engaged by the bank after a proper Due Diligence done on him / her
- (ii) He / She has completed the stipulated training of 100 hours vide Certificate dated / /
issued by _____

(name and address of training institute)

- (iii) He / She has passed the Certificate Examination for Debt Recovery Agents conducted by the Institute as per the Passing Memorandum Date / /
- (iv) We have no objection to the Institute issuing him / her Certificate being a Certified Recovery Agent.

Signature :

Name :

Designation :

Name of Bank / Institution :

Office Seal :

Date :

Place :