भारतीय रिज़र्व बैंक
RESERVE BANK OF INDIA

कृषि बैंकिंग महाविद्यालय
COLLEGE OF AGRICULTURAL BANKING

NOMINATION FORM

SR. NO		DETAILS	INFORMATION
1.		**Name of the Institution**	**:**
2.		**GST Number of the institute**	**:**
3.		**Bank / Institution Group** (as per brochure/AL)	**:**
4.		**Branch Name and Address**	**:**
5.		**Contact Number of Branch**	**:**
6.		**Email address of Institute**	**:**
7.		**Details of Contact Person**	
	i.	Name	**:**
	ii.	Full Address with Pin Code	**:**
	iii.	Mobile No. / Landline No.	**:**
	iv.	Email Address	**:**
8.		**Name of the Programme**	**:**
9.		**Dates of the Programme**	**:**
10.		**Duration of the Programme**	**:**
11.		**Details of Nominated Officer**	
	i.	Name	**:**
	ii.	Gender / Age	**:** Gender : Age :
	iii.	Designation	**:**
	iv.	Mobile No	**:**

	v	Email address	:
	vi	Persons with disability (PWD) **(Yes / No)**	:
12.		**Work Experience**	
	i.	Present Job Description	:
	ii.	Experience in relevant field	: Years : Months :
	iii.	Whether Officer has attended similar programme in CAB, Puneor any other Institution ? **(Yes / No)**	:
13.		**Details of Fees Applicable as per the Announcement Letter:**	
	ii.	Amount in ₹.	:
14.		**Please provide the Bank details for refund of fees (In case of postponement / cancellation of programme)**	
	i.	Account Number (to which amount to be refunded)	:
	ii.	IFSC Code	:
	iii.	Account Name (to whom this account belongs)	:
	i.	Name of the Bank in which this account is operating	:
	iv.	Branch Name and Address in which this account is operating	:
	v.	Contact Name / Mobile No. of the account holder	:

Signature/Stamp of Bank/Institutions