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|  | **Institute for Development and Research****In Banking Technology****(Established by Reserve Bank of India)****Castle Hills, Road No. 1, Masab Tank, Hyderabad – 500 057** |

**Nomination Form**

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| --- | --- | --- |
| **Programme Name** | **:** |  |
| **Date** | **:** |  |
| **Participant Name** | **:** |  |
| **Designation** | **:** |  |
| **Mobile No.** | **:** |  |
| **Email address** | **:** |  |
| **Nominating Authority Details** |
| **Name** | **:** |  |
| **Designation** | **:** |  |
| **Department** | **:** |  |
| **Organization**  | **:** |  |
| **Postal Address** | **:** |  |
| **Phone No.** | **:** |  |
| **Mobile No.** | **:** |  |
| **Email Address** | **:** |  |
|  |
| **Invoice Billing Address** | **:** |  |
| **GST No.** | **:** |  |
| **Details of officials responsible for fee remittance** |
| **Name** | **:** |  |
| **Designation** | **:** |  |
| **Department** | **:** |  |
| **Organization** | **:** |  |
| **Postal Address** | **:** |  |
| **Phone No.** | **:** |  |
| **Mobile No.** | **:** |  |
| **Email Address** | **:** |  |
| **Fee remittance details** |
| **UTR No.** | **:** |  |
| **Date of remittance** | **:** |  |
| **Amount remitted** | **:** |  |

**Note: Please fill the above details and may be sent to** **hunar@idrbt.ac.in** **for offline programmes, and** **certprogram@idrbt.ac.in** **for certification programmes.**