Karnataka State Cooperative Urban Banks Federation Ltd.,

(K. H. Patil Institute of Cooperation and Banking)

No 132, K.H.Road (Double Road), Bengaluru - 560 027 Ph: 080-22279574/222233662; Fax: 22220774; Web: www.kubfed.com

Application Form

Course Name: Diploma in Urban Cooperative Banking Management **Course Duration: 3 Months**

Correspondence Details
(USE BLOCK LETTERS ONLY)

Bank Name:_____

CEO/Manager/Authorized officer Name:_____

Designation:_____ Contact Number:_____

Email ID:_____

I/We wish to depute below mentioned person for the Diploma in Urban Cooperative Banking Management course conducted by Karnataka State Cooperative Urban Banks Federation

Applicant Registration Details
(USE BLOCK LETTERS ONLY)

Affix Passport size photograph

Name:_____

Designation:_____

Age(in Years):_____ Gender:_____ WhatsApp Number*:_____

Email ID:_____

Payment Details

Cheque/DD/NEFT No:_____ Date:_____Amount:_____Rs.5310/-

Bangalore Division ☐

Belagavi Division ☐

Date: **Seal and Signature (Authorized officer)**

Place: **Applicant Signature**

Instructions:-

- **Mobile Number and Email ID of the applicant is mandatory. Please attest extra one passport size photo.Aadhaar xerox copy.**
- The filled and signed application form has to be sent by post to, Karnataka State Cooperative Urban Banks Federation Ltd, *No 132, K.H.Road (Double Road), Bengaluru - 560 027*
- The rights of admission is reserved and the decision of the KSCUBF will be final

FOR OFFICE USE ONLY

Registration No:_____

Registration Date:_____

Seal and Signature

For Karnataka State Cooperative Urban Banks Federation