

 $A\ three\ day\ comprehensive\ Management\ Development\ Program$

TO BE FILLED IN BY THE PARTICIPANT

Name						
Male / Female						
Designation						
Organisation						-
Address for communicat	ion					_
	City_		P	IN		-
Phone(O)		(R)				_
Email:		Fax:				
					Signature of	the Participant
TO BE FILLED IN	BY THE SPOI	NSOR (For	PSUs / Gov	t. Offices - \	Wherever A	pplicable)
Name of the sponsor			Designation_			_
Address for communicat	ion					_
	City		PIN _			_
Phone	Telex	Fa	X	Email		-
				Wit	-	e of the Sponsor he organisation

Date:

Please return the completed form to: GST@nifm.ac.in

For further details, please refer our website: www.nifm.ac.in or contact the Course Director(s)

NATIONAL INSTITUTE OF FINANCIAL MANAGEMENT

Sector-48, Pali Road, Faridabad – 121 001. Haryana

Telephone: 0129-2465251, 2465205, 2465258 Fax: 0129-2418867, 2418879

PS: Photocopy of this form can also be used

<u>Note</u>: Kindly mention your Bank UTR No. and the date of remittance, upon making payment, in case of electronic transfer. Alternatively, Demand Draft may be drawn in favour of "National Institute of Financial Management" payable at Faridabad.

Programme – Fees is Rs.13,500/ + GST @18% = **15,930/- No GST is applicable for** sponsored by Central Government Ministries / Departments, State Government and Union Territories,

BANK DETAILS FOR PAYMENT OF COURSE FEE

Name of the Account Holder

Beneficiary Address Sector

National Institute of Financial Management

48, Pali Road, Faridabad – 121001Haryana

 Phone Number
 0129-2465236

 PAN No.
 AAAAN2489D

 GSTIN No
 06AAAN2489D1ZQ

Name of the Bank HDFC Bank

Address of the Bank 1-2 Chowk, Tikona Park, NIT-2, Faridabad

 Saving Account No.
 50100083121045

 RTGS (IFSC) Code
 HDFC0002445