



**COLLEGE OF AGRICULTURAL BANKING
RESERVE BANK OF INDIA
UNIVERSITY ROAD
PUNE 411 016**

ACA-TM-61 v1.3

NOMINATION FORM

1. NAME OF THE PROGRAMME _____

2. DURATION From _____ To _____

3. NAME OF THE NOMINEE : Shri/Smt./Kum. _____

Designation _____

4. NOMINATING INSTITUTION'S:

(i) Name & Address _____

City _____ Pin _____ State _____

(ii) STD code) _____ Phone No _____

Fax No. _____

(iii) Email address: _____

5. DETAILS OF DD FAVOURING RESERVE BANK OF INDIA AND PAYABLE AT MUMBAI

DD No. _____ Date _____ Amount Rs. _____

SIGNATURE WITH STAMP

NOTE: Please send nomination by email to cabacademic@rbi.org.in or by fax 020 25537089
or submit online through our website www.cab.rbi.org.in