



THE INSTITUTE OF BANKERS, BANGLADESH (IBB)

DR Tower (12th Floor), 65/2/2 Bir Protik Gazi Golam Dostogir Road, Purana Paltan, Dhaka-1000.
Phone # 55112857,55112858, 55112859, 55112860, Fax # 88-02-55112856,Website : www.ibb.org.bd,

ENTRY FORM FOR DAIBB EXAM Month-----Year-----

Enrolment No.

Roll No.

(For office use only)

- Full name (as written in SSC) In English: -----
(Block Letters)
- Father's name (as written in SSC) In English: -----
(Block Letters)
- Mother's name (as written in SSC) In English: -----
(Block Letters)
- Date of Birth (As per SSC): ----- 5. Educational Qualification: -----
- Official Address :
(a) Name of Bank/Financial Institution: -----
(b) Designation -----(c) Branch & Addr.: -----
(d) Working District: -----(e) Deptt./Section: -----(f) Mobile No. -----
- Subject/s passed/ intended to be appeared in :**

Sl No.	Previous pass records			Tick the subject/s to appear in	Attested 2(two) copies recent passport size photograph (Staple here)
	Subject	Passing Year	Roll No.		
1.	Management of Financial Institutions				Name of district where the place of posting is located: -----
2.	Lending Operation & Risk Management				
3.	International Trade & Foreign Exchange				
4.	Information Tec. in Financial Services				
5.	Management Accounting				
6. Optional Subjects (tick any one)	(a) Central Banking & Monetary Policy				
	(b) Agriculture & Microfinance				
	(c) SME & Consumer Banking				
	(d) Islamic Banking				
	(e) Investment Banking & Lease Financing				
	(f) Treasury Management				

Description of fees paid

Fee ----- D. D. / P. O. No. ----- Date -----

Bank & Branch -----

I declare that the informations furnished above are correct. If any information mentioned above is found to be incorrect/wrong, I shall be held responsible for the same.

Signature of the candidate with Date

I certify that the above candidate is under job in (Name of Branch/ H.O/ Z.O.) -----/
(Name of Division/ Department/ Section -----, (Name of Bank/ Financial Institution) -----
----- as (Designation) -----, I have verified his/ her signature.

Signature with Date (Seal of the Manager/ concerned Officer).