**APPLICATION FEE CLAIM FORM**

**Details of application fee paid against NIAB Advertisement No. 7/2019**

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Particulars**  | **Details** |
| 1. | Name of Candidate |  |
| 2.  | Mailing Address |  |
| 3 | Contact Number |  |
| 4 | Post applied for |  |
| 5.  | Demand Draft No. and Date |  |
| 6.  | Name of the Bank |  |
| 7.  | Amount |  |

**Candidates Bank details for refund of application fee**

|  |  |  |
| --- | --- | --- |
| 1.  | Bank Account Name |  |
| 2. | Name of the Bank |  |
| 3. | Bank Account No. |  |
| 4.  | IFS Code |  |
| 5. | Branch Code / Name |  |

Signature of candidate

Date :

**Note:** The signed Claim Form may be submitted so as to reach NIAB either by post to

Senior Manager at the given address or through e-mail to admin@niab.org.in latest by 31-10-2019positively.