



# INSTITUTE OF COOPERATIVE MANAGEMENT, POOJAPPURA, THIRUVANANTHAPURAM

AN INSTITUTION OF NATIONAL COUNCIL FOR  
COOPERATIVE TRAINING, NEW DELHI  
An Autonomous Society Promoted by Ministry of Cooperation ,  
Govt of India, New Delhi

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## HIGHER DIPLOMA IN COOPERATIVE MANAGEMENT (HDCM)31<sup>st</sup> Batch

### ADMISSION NOTIFICATION 2023-24

Applications are invited for Higher Diploma In Cooperative Management (HDCM) Programme of ICM from eligible candidates.

The details are as follows

- Candidates should be graduates from any discipline
- The subjects include Co-operation, Law, all Functional Management areas, Information and Communication Technology and its application, Project Planning and Implementation, Operation Management and Business Policy etc.
- Emphasis on enhancing employability through practical oriented training including computer programming and Internet applications.
- Course duration **52 weeks** divided into **two semesters** full time from **14<sup>th</sup> August 2023**
- Course fee **Rs.18,000/- + 18% GST** for Private Candidates & **Rs .16000/- + 18% GST** for Institutional Candidates
- Application form may be obtained from the Institute in person or by sending a self addressed stamped (Rs.10/-)envelope measuring 22 cm \* 10 cm along with DD Rs.100/-
- Last date for receiving filled in application **21<sup>st</sup> July 2023**
- Candidates awaiting for degree results may also apply however their admission will be confirmed subject to award of the degree .

For more details contact:

Smt.Anila P Nair, Course Assistant  
Sri.R.K Menon, Director, ICM,TVM

: 9946793893  
: 9446396707





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**HIGHER DIPLOMA IN COOPERATIVE MANAGEMENT,  
31<sup>st</sup> SESSION- APPLICATION FORM**

1. Name of the Candidate :
2. Sex :
3. Name of Father/Guardian :
4. Permanent Address :
5. Address for Communication :
6. Date of Birth :
7. Whether belong to SC/ST  
(If Yes, certificate to be enclosed) : Yes/No
8. Aadhar No :
9. Educational Qualification :

Affix  
Your  
Photograph

Degree Passed	Name of the University	Year of Passing	Total Marks Obtained	Class & %

10. Experience if any in Cooperative Institution

Name & Address of the Employer /Organization	Post Held	From	To	Salary

11. Contact Phone No.of the candidate:

12 Alternative Contact Phone No. :

13 Email-Id of Candidate :

**DECLARATION**

I hereby declare that the information given above are true to the best of my knowledge and belief. If all or any information is found to be incorrect, the Institution has the right to terminate my candidature at any stage.

Place :

Date :