



**INSTITUTE OF COOPERATIVE MANAGEMENT,
POOJAPPURA, THIRUVANANTHAPURAM**
An Institution of National Council for Cooperative Training,
An Autonomous Society Promoted by
Ministry of Cooperation, Govt of India, New Delhi

**HIGHER DIPLOMA IN COOPERATIVE MANAGEMENT
APPLICATION FORM**

1. Name of the Candidate :

2. Gender :

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 :