

Co-operative Academy of Professional Education (Kerala)

(Established by the Government of Kerala)

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APPLICATION FOR ADMISSION TO M TECH DECREE COURSE

	ATTEICATION FOR A	D 1 V 1	(2016-2017)
 of C	ourse)		rospectus before filling up the application form) (name
1.	Name of the candidate (In Block Letters)	:	
2.	Gender	:	
3.	Age and Date of birth	:	
4.	Nationality	:	
5.	Mother tongue	:	
6.	Name and occupation of Father/Guardian	:	
7.	Name and occupation of Mother	:	
8.	Permanent address with PIN Code and Contact number	:	
	Telephone No :		Mobile No :

E-mail Id:

9. Communication address with PIN Code :							
10. Religion	and Caste		:	:			
11. Whether candidate belongs SC/ST/OBC/OEC/SEBC (if yes, Please specify) :							
12 a. Whether applied to DTE for admission to M.Tech course during 2016-2017 : b. If yes, rank in the rank list published by DTE :							
	GATE Management		Non-GATE Management			Sponsored	
	genren						
14. Academic Details: (a) Qualifying Degree examination details:							
Name of Degree	Branch/ Discipline	% of Marks	Class	Year of Passin		Name and address of Institution	Board/ University
(b) Qua	lifying examina	tion – Se	emester M	1arks			

SEM/YEAR	SEM I	SEM II	SEM III	SEM IV	SEM V	SEM VI	SEM VII	SEM VIII	TOTAL
Maximum									
Scored									

Percentage

15.	If having a valid GATE score give the details:
	a) GATE Roll No
	c) GATE marks d) GATE Score
16.	Details of application fee remitted:
	DD No: Date: Amount.
	SBT - Branch: Payable at
	DECLARATION
I do	hereby declare that the particulars furnished above are true to the best of my knowledge and belief.
Plac	ee:
Date	
	Signature of candidate
	FOR OFFICE USE ONLY
Adr	nission No:
Det	ails of Fee Paid
Rec	eipt No.:
Ren	narks:
Initi	ials of Section/Supdt./A.O PRINCIPAL