## **Co-operative Academy of Professional Education (CAPE)**

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Photo

| Applica               | ntion for the I  | Post of                               |                 |                        |                     |                        |
|-----------------------|--|---------------------------------------|-----------------|------------------------|---------------------|------------------------|
| 1.                    | Name in full (in capital letters)  |                                       |                 |                        |                     |                        |
| 2.                    | Permanent address  |                                       |                 |                        |                     |                        |
| 3.                    | Address to which communications to be sent along with contact number(s).   |                                       |                 |                        |                     |                        |
| 4.                    | Age (in completed years) and Date of birth in Christian Era  |                                       |                 |                        |                     |                        |
| 5.                    | Place of birth(Village, Taluk, District & State)   |                                       |                 |                        |                     |                        |
| 6.                    | Religion and Caste (where community claimed in the application is not proved by school records certificates issued by Revenue authorities will be accepted as proof of community. In the case of OBC/OEC categories Non Creamy layer certificate issued by the concerned Revenue authority should be furnished for claiming reservation benefits |                                       |                 |                        |                     |                        |
| 7.                    | Are you (a) citizen of India by birth and/Or by domicile? (b) If not furnish details   |                                       |                 |                        |                     |                        |
| 8.                    | Qualifications   |                                       |                 |                        |                     |                        |
| Name<br>exam<br>passe | ination  | Name of University/Board/Council etc. | Year of Passing | Class,<br>Rank<br>etc. | Percentage of Marks | Subject of examination |
| (a)                   |  |                                       |                 |                        |                     |                        |
| (b)                   |  |                                       |                 |                        |                     |                        |
| (c)                   |  |                                       |                 |                        |                     |                        |
| 9.                    | Research Degree (Give full details with subject specialisation, name of Institute or University and Professor under whom you worked etc.)  |                                       |                 |                        |                     |                        |
| 10.                   | Foreign qualifications with name of the University/Institute   |                                       |                 |                        |                     |                        |
| 11.                   | Details of Books/Papers published, if any Separate list may be attached, if necessary.   |                                       |                 |                        |                     |                        |
| 12.                   | Employment Experience (Give full particulars) Separate list may be attached, if necessary.   |                                       |                 |                        |                     |                        |

| 13. | Present employer's full address(if any)   |  |
|-----|---|--|
|     |   |  |
| 14. | Any additional information which the candidate wishes to give in support of his application |  |
| 15. | Particulars of documents produced to prove credentials.                                     |  |
| 16. | References  |  |

I hereby certify that the information given above is correct to the best of my knowledge and belief. I agree to bind myself to the conditions of service of CAPE that may be drawn up from time to time.

Place : Signature of the applicant.....

Date : Name in block letters.....

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