

Co-operative Academy of Professional Educationwww.capekerala.org

Photo

Application for the 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 proper 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 of examination passed	Name of University/Board/Council etc.	Year of Passing	Class, Rank 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					

12.	Employment Experience (Give full particulars)	
13.	(a) Present employer's full address (b) Has the consent of the employer been obtained for submitting this application ?	
14.	Name of Gazetted officer from whom Character & Conduct Certificate was obtained	
15.	Extra-curricular activities in School and College days (i) Social Service (ii) N.C.C (iii) Sports and Games (iv) Student organizations (v) Any other	
16.	Any additional information which the candidate wishes to give in support of his application	
17.	Particulars of documents produced to prove payment of application fee	
18.	Particulars of documents produced to prove caste/age/qualification etc.	
19.	List of enclosures	

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.....

For office use only