

CO-OPERATIVE ACADEMY OF PROFESSIONAL EDUCATION

COBANK TOWERS, VIKAS BHAVAN P.O, THIRUVANANTHAPURAM – 695 033 (Ph. 0471 2316236)

APPLICATION FOR ADMISSION TO NRI QUOTA SEATS FOR MBBS IN CO-OPERATIVE MEDICAL COLLEGE, KOCHI UNDER CAPE FOR 2011-2012

(Please go through the accompanying "Instructions to Candidates" before filling up this form)

1. Name of candidate (in block letters) :
2. Name of parent/guardian with relationship :
3. Permanent address (in block letters) :
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-
4. Address (in block letters) for communication :
(if different from above)
-
-
5. Telephone Number : STD Code.....Number.....
6. Date of birth :
7. Whether a native of Kerala : YES / NO
8. Qualifying Examination passed : HSC/ CBSE/ ISC/ VHSE/ Others (specify below)
-
9. Marks secured in the qualifying examination .

Subject	Maximum marks	Marks secured		
		Marks	%	Grade
Biology				
Physics				
Chemistry				
Total				

10. Details of payment of Registration Fee of Rs. 1000/-

DD No..... date..... Name of Bankpayable at

11. List of documents enclosed:

- | | | |
|-------|---|----------|
| (i) | True copy of SSLC or equivalent as the case may be | YES / NO |
| (ii) | Copy of mark list of the qualifying examination | YES / NO |
| (iii) | True copy of pass certificate of qualifying examination | YES / NO |
| (iv) | NRI declaration and proof for it | YES / NO |
| (v) | D.D. for Rs.1000/- | YES / NO |

DECLARATION

I do hereby affirm that all the particulars furnished above are true to the best of my knowledge and belief and that I shall abide by the rules and regulations for admission to NRI seats for MBBS in Co-operative Medical College, Kochi under the Co-operative Academy of Professional Education.

Place:

Date:

Signature of parent/guardian

Signature of candidate

.....
(Space for office use only)