



# CO-OPERATIVE ACADEMY OF PROFESSIONAL EDUCATION (CAPE)

(Government of Kerala Undertaking)  
Vallakadavu P.O., Thiruvananthapuram-695008

## APPLICATION FORM

1	Name of the post	:			
2	Name and Address of the candidate with district and pin code (Permanent)	:			
3	Contact Address with district and pin code	:			
	Telephone (Land)	:			
	Telephone (Mobile)	:			
	Email ID	:			
4	Age & Date of Birth	:			
5	Gender	:	M / F		
6	Caste and Community	:			
7	Academic and professional qualification				
	Degree	Year and month of passing	Percentage of mark	Name of College & University	Remarks
	BSc Nursing/ Post Basic BSc Nursing				
	MSc Nursing				
	Additional qualification, if any				
8	MSc Nursing Speciality				
9	Kerala Nursing Council Registration No. & date Valid upto				
10	Registration No. of additional qualification if any				

**11. Details of Experience after B.Sc Nursing/ Post Basic BSc Nursing :**

Sl. No	Post Held	Clinical			Teaching												Total			Remarks
					GNM			B.Sc Nursing /PBBS Nursing			M.Sc Nursing			Any Other						
		Y	M	D	Y	M	D	Y	M	D	Y	M	D	Y	M	D				

**12. Details of Experience after MSc Nursing Passing on : (Month)/ (Year)**

Sl. No	Post Held	Clinical			Teaching												Total			Remarks
					GNM			B.Sc Nursing /PBBS Nursing			M.Sc Nursing			Any Other						
		Y	M	D	Y	M	D	Y	M	D	Y	M	D	Y	M	D				

**13. Institutions/ Colleges in which worked/ working after M.Sc Nursing Teaching experience**

Sl No	Name of Institution	Post held	Period		Experience Y M D	Remarks
			From	To		

14. Presently working or not : Yes / No

If yes, name of post &amp; address of Institution :

I declare that all the statements are true, complete and correct to the best of my knowledge and belief.

Date :

**Signature of candidate**