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Co-operative Academy of Professional Education (CAPE)

1st Floor, Co-Bank Towers, Vikas Bhavan P.O., Thiruvananthapuram – 695 033
Phone(Office) : 0471-2316236, 2317696; Fax : 0471-2310049

Application for the Post of **Director, IMT Punnapra**

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 as on 01-01-2013) and Date of birth in Christian Era					
5.	Sex					
6.	Place of birth(Village, Taluk, District & State)					
7.	Religion and Caste. (In the case of OBC/OEC categories Non Creamy layer certificate issued by the concerned Revenue authority should be furnished for claiming reservation benefits)					
8.	Are you (a) citizen of India by birth and/Or by domicile ? (b) If not furnish details					
9.	Qualifications					
	Name of examination passed	Name of University/Board/Council etc.	Year of Passing	Class, Rank etc.	Percentage of Marks	Subject of examination
	M.B.A					
	Ph.D					
	Others					
10.	Research Degree (Give full details with subject specialisation, name of Institute or University and Professor under whom worked etc.)					

11.	Post Doctoral qualifications with name of the University/Institute				
12.	Details of Books published, if any. <i>(Separate list may be attached, if necessary)</i>				
	Sl.No	Name of Book	Year of Publishing	Subject	Co-Authors
13.	Details of Research Papers published(International/National), if any. Enclose reprint of the best papers(about five) in your judgement <i>(Separate list may be attached, if necessary)</i> a. Journals				
	Sl.No	Author(s)	Year	Title of paper	Complete reference of Journal/Conference
	b. Conferences				
14.	Employment Experience : <i>(Separate list may be attached, if necessary)</i> Teaching Experience/Industrial Experience/Administrative Experience a. Teaching/Research Experience				
	Sl.No	Institute/University Organization	Duration	Area(s)	

b. Industrial Experience				
Sl.No	Duration	Organization	Title of Project and Nature of work	Designation
c. Administrative Experience				
Sl.No	Duration	Organization	Nature of Responsibility	Designation
15.	Project guided Under graduate level/P.G level/Ph.D			
16.	Present employer's full address(if any)			
17.	Any additional information which the candidate wishes to give in support of his application			
18.	Particulars of documents produced to prove credentials			
19.	Details of DD		DD No. :	
			DD Date :	
			Name of Bank :	
20.	References 1. 2.			

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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