

Co-operative Academy of Professional Education (CAPE)

(Established by Government of Kerala)

CO-OPERATIVE MEDICAL COLLEGE

HMT Colony P.O., Kalamassery, Kochi – 683 503

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 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 Board/Council/ University etc.	Year of Passing	Percentage of Marks/ Grade	Details of Registration with Kerala Nurses and Midwives Council (if applicable)
(a)					
(b)					
(c)					
(d)					
(e)					

9.	Employment Experience (Give full particulars) Separate list may be attached, if necessary.	
10.	Present employer's full address (if any)	
11.	Details of DD Enclosed	Amount :
		DD No. :
		Date :
		Name of Bank with Branch :
12.	Particulars of documents produced to prove credentials	

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 Co-operative Academy of Professional Education (CAPE) that may be drawn up from time to time.

Place :

Signature of the applicant

Date :

Name in block letters

For office use only