

## Co-operative Academy of Professional Education (Kerala) (Established by the Government of Kerala)

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of C	<b>OURSE)</b> (Please go through	the Prospectus before filling up the application form) (name
1.	Name of the candidate (In Block Letters)	:
2.	Gender	:
3.	Age and Date of birth	:
4.	Nationality	:
5.	Mother tongue	:
6.	Name and occupation of Father/Guardian	:
7.	Name and occupation of Mother:	
8.	Permanent address with PIN Code and Contact number	:
	Telephone No : E-mail Id :	Mobile No :

9. Communication address with PIN Code :									
10. Religion and Caste :									
11. Whether candidate belongs SC/ST/OBC/OEC/SEBC (if yes, Please specify) :									
12 a. Whether applied to DTE for admission to M.Tech course during 2014-2015 : b. If yes, rank in the rank list published by DTE :  13. Category applied for (Please tick the appropriate)									
	GATE			Non-GATE				Sponsored	CAPE
Meri	t	Managem	ent	Non-GATE				Sponsored	sponsored
14. Academic Details:  (a) Qualifying Degree examination details:									
Name of Degree	Branch/ % of Class of		of	Year of of Institution		Board/ University			
(b) Qualifying examination – Semester Marks									

SEM/YEAR	SEM I	SEM II	SEM III	SEM IV	SEM V	SEM VI	SEM VII	SEM VIII	TOTAL
Maximum									
Scored									
Percentage									

15.	If having a valid GATE score give the details:					
	a) GATE Roll No	b) Year of appearance				
	c) GATE marks	d) GATE Score				
16.	Details of application fee remitted:					
	DD No:Date	:Amount				
	SBT - Branch: Pay	able at				
	DECLA	ARATION				
I de	clare that the particulars furnished above are true	to the best of my knowledge and belief.				
Plac	ce:					
Dat	e:					
		Signature of candidate				
FOR OFFICE USE ONLY						
Adr	mission No:Date:					
Det	ails of Fee Paid					
Rec	reipt No.:Date:	Amount Rs:				
Ren	marks:					
Initi	ials of Section/Supdt./A.O	DDINGIDAT				
		PRINCIPAL				