



क्षेत्रीय सहकारी प्रबन्ध संस्थान, चण्डीगढ़
REGIONAL INSTITUTE OF COOPERATIVE MANAGEMENT, CHANDIGARH
(NATIONAL COUNCIL FOR COOPERATIVE TRAINING, NEW DELHI)

**HIGHER DIPLOMA IN COOPERATIVE MANAGEMENT
(CORRESPONDENCE)**

Roll No. _____
(to be allotted by the office)

1. NAME OF THE CANDIDATE _____
(IN BLOCK LETTERS AS WRITTEN IN HIGH SCHOOL/ SSC CERTIFICATE)

2. Father's Name /
Guardians Name
(IN CAPITAL LETTERS)

3. Permanent Address with
Phone No.

PINCODE

PHONE NO.

5. Communication Address

6. E-Mail ID

7. Date of Birth

DAY	MONTH	YEAR

8. Adhar Card No. _____

9. Indicate the category to which you belong (Attach photocopy of certificate)

SC	ST	OTHERS

WARD	SPONSORED

PHYSICALLY CHALLENGED

PHOTO



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10. **Educational Qualification** (Give details from 10th standard onwards)

Name of Degree	Name of the Examination & Major Subjects	School/ University/ Board	Year	Maxi Marks	Marks obtained	Class/ Grade
10 th standard						
10+2						
Graduation						
Post Graduation						
Professional Qualification						

* Note: Attach Photocopies of Certificates and other documents

11. **WORK EXPERIENCE**

Name of Organization	Designation	Scale/ Salary Drawn	PERIOD	
			From	To

12. **Languages Known:** Can speak -----

Can read -----

Can write -----

14. **DECLARATION**

I declare that the information given by me in the application is true to the best of my knowledge.
I agree to comply with the rules of the Institute. I hereby submit to the disciplinary jurisdiction of the authorities of the institute and shall observe and abide by the rules laid down by the Head of the Institute.

Place :

Signature of the applicant