

Form No. HDCM(C)



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INDIRA GANDHI INSTITUT OF COOPERATIVE MANAGEMENT

Block-B Sector-18 Rajajipuram,Lucknow-226017

Higher Diploma in Cooperative Management

(Correspondence)

Session-----

1. Name of the Candidates
(In BLOCK LETTER AS WRITTEN IN HIGH SCHOOL/SSC CERTIFICATE)

2. Fathers Name (In CAPITAL LETTERS)

PHOTO

3. Permanent Address with Phone No.-----

-----Phone/Mobile No.-----

4. Communication Address-----

5. Email ID: -----

6. Date of Birth -----Day-----Month-----Year

7. Indicate the Category to which you belong(Attach Photocopy of Certificate)

SC	ST	OBC /Other General	Ward	Sponsored	Physically Challenged

8. Education Qualification (Give detail from 10th Slanderer onwards)

Name of Degree	Name of the Examination & Major Subject	School/University/Institution	Year	Max. Mark	Marks Obtained	Class Grade
10 th Slanderer						
10+2						
Graduation						
Master Additional						

Note: Attach Photocopies of Certificate and others documents.

09. Work Experience

Name of Organization	Designation	Scale/Salary Drawn	PERIOD	

10. Other Information :

Extra Curricular activities: Give detail of Sport, Games, hobbies and other activities you consider worth mentioning including award received, position held in deferent associations etc.

11. Language Known :-----

- (A) Hindi (Can Speak) (Can Write) (Can Read)
(B) English (Can Speak) (Can Write) (Can Read)

DECLARATION :

I Declare that the information give by me in the application is true to the best of my knowledge. I agree to comply with the rules of the institute. I here by 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)

Date:

(FOR OFFICE USE)

REMARKS

Course Coordinator

Course Assistant

Director

Registration Fee Deposit Rs.-----Vide CR NO.-----Dated-----