

## The Andhra Pradesh State Cooperative Bank Ltd. (A State Partnered Scheduled Bank)



## APPLICATION FORM FOR COOPERATIVE INTERNS IN THE ANDHRA PRADESH STATE COOPERATIVE BANK LTD., (APCOB) /13 DISTRICT **COOPERATIVE CENTRAL BANKS (DCCBS) IN ANDHRA PRADESH**

A	A.PERSONAL INFORMAT	IOI	7	
1.	Name of the Candidate (As per SSC Certificate)	: _	_	(Affix Passport size Photograph)
2.	Father's Name	: _		
3.	Mother's Name	: _		
4.	Date of Birth	:		
5.	Community	:	SC/ST/BC/Others	
6.	Contact Number	:		
7.	Person With disability (PwD)	:	Yes/No (Minimum 40 %	disability)
8.	Religion	:		
9. 10.	Gender Applied for (Bank & District)	:	Male/Female/Others	
l1.	Unique ID No. (Aadhar)	:		
12.	Any other Government Id No.	:	Driving license, Voter Id	, Passport, PAN
			Type of ID:	
			Number :	
	card:			
13.	Permanent Address	:		
14.	Communication Address	:		

HO: #27-29-28, NTR Sahakara Bhavan, Governorpet, Vijayawada, NTR District - 520002.

Dept.: HRMD **©:** 0866-2429012 ☐: hrd@apcob.org

B. EDUCATI	ONAL DE	(Please	_(Please Specify)		
	Specializa tion	Name of the School/College / Institution	Address of the School/College/ Institution	Year of Passin g	Percent age of Marks /CGPA
SSC	-				
Intermediate (10+2)	-				
Graduation					
Post- Graduation					
Other Qualification s					
C. DECLARA  I information is		rect to the best of	hereby dec	are that	the above

Signature of the Applicant: Name of the Applicant :

Contact No.: Email ID:

## **Enclosures:**

- 1. Copy of Aadhaar Card
- 2. Copy of Caste certificate (If applicable)

- Copy of Caste Certificate (If applicable)
   Copy of SSC Certificate
   Copy of Intermediate Certificate
   Copy of Graduation /PG Certificate
   Copy of other qualification certificates