## CO-OPERATIVE ACADEMY OF PROFESSIONAL EDUCATION, CAPE APPLICATION FORM FOR E.K.NAYANAR CO-OPERATIVE PROFESSIONAL EDUCATION SCHOLARSHIP 2023-24

1.	Name of Co	ollege		:		
2.	Name of Stu	udent		:		
3.	Name of Br	anch		:		
4.	Admission 1	No		:		
5.	Date of Birt	h		:		
6.	Sex			:		
7.	Permanent A	Address		:		
8.	Communica	ation Address		:		
9.	Mobile No			:		
10.	Religion			:		
11.	Father's Na	me		:		
12.	Occupation			:		
13.	Annual inco	ome of the Parent		:		
14.	Quota in wh	nich admission red	eeived	:		
	MERIT/MA	NAGEMENT/RI	ESERVE			
15. KEAM rank No.			:			
16.	Mode of Ad	mission		:		
17.	Percentage of	of Marks obtained	l in Plus two	:		
18.	If scholarshi	ip received for pro	evious year	: Y	es/No	
19.	Details of M	larks obtained in	Plus two	:	/1200	
Na	ime	Subject	Maximum		Marks	% of marks
			Mark		obtained	
		-15.6				

Total Marks

I
Assistance from any source.
Signature of the applicant
Signature of the Parent or Guardian
Place:
Date: