



**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. PERSONAL INFORMATION

1. Name of the Candidate
(As per SSC Certificate) : _____
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. Gender : Male/Female/Others
10. Applied for (Bank & District) :
11. Unique ID No. (Aadhar) :
12. Any other Government Id No. : Driving license, Voter Id, Passport, PAN card:
Type of ID :
Number :
13. Permanent Address : _____

14. Communication Address : _____



B. EDUCATIONAL DETAILS: _____ (Please Specify)

	Specialization	Name of the School/College/Institution	Address of the School/College/Institution	Year of Passing	Percentage of Marks /CGPA
SSC	-				
Intermediate (10+2)	-				
Graduation					
Post Graduation					
Other Qualifications					

C. DECLARATION:

I _____ hereby declare that the above information is true and correct to the best of my Knowledge.

Signature of the Applicant:

Name of the Applicant :

Contact No. :

Enclosures:

1. Copy of Aadhaar Card
2. Copy of Caste certificate (If applicable)
3. Copy of SSC Certificate
4. Copy of Intermediate Certificate
5. Copy of Graduation /PG Certificate
6. Copy of other certificates