| New York  |                    |                    |                   |            |      |                   |  |  |  |
|---|--------------------|--------------------|-------------------|------------|------|-------------------|--|--|--|
| MADHUSUDAN INSTITUTE OF CO-OPERATIVE MANAGEMENT   |                    |                    |                   |            |      |                   |  |  |  |
| Unit-VIII, Bhubaneswar – 751 012  |                    |                    |                   |            |      |                   |  |  |  |
| Website:         www.micm.ac.in         E-mail:         micmbbs@gmail.com           Date of issue :         From No. :         From No. : |                    |                    |                   |            |      |                   |  |  |  |
| APPLICATION FORM FOR ADMISSION  |                    |                    |                   |            |      |                   |  |  |  |
| HIGHER DIPLOMA IN CO-OPERATIVE MANAGEMENT (HDCM)  |                    |                    |                   |            |      |                   |  |  |  |
| (Under Correspondence Mode with <b>On-line</b> Contact Classes)-8 <sup>h</sup> Batch  |                    |                    |                   |            |      |                   |  |  |  |
| (All entries should be filled Capital Letters)  |                    |                    |                   |            |      |                   |  |  |  |
| 1. Course Applied for :   |                    |                    |                   | Г          | Affi | x the             |  |  |  |
| 2. Name of the Applicant :  |                    |                    | Passport          |            |      |                   |  |  |  |
| 3. Father's Name & Occupation :   |                    |                    | Size<br>Signed    |            |      | 20                |  |  |  |
| 4. Date of Birth :  |                    |                    |                   | Photograph |      |                   |  |  |  |
| (As per HSC o   | r equivalen        | t Certificate)     |                   |            |      |                   |  |  |  |
| 5. Sex :  |                    |                    | Male  Female      |            |      |                   |  |  |  |
| 6. Marital Status :   |                    |                    | Married Unmarried |            |      |                   |  |  |  |
| 7. Whether bel<br>8. Mailing Add  | -                  |                    | SC ST SEBC        |            |      |                   |  |  |  |
| 9. Permanent <i>i</i>   | Address            | : .                |                   |            |      |                   |  |  |  |
| 10. Educational Qualification (Commencing from HSC or equivalent onwards)   |                    |                    |                   |            |      |                   |  |  |  |
| Name of the Examination   | Year of<br>Passing | Board / University | Division          | % of Sub   |      | Subjects<br>Taken |  |  |  |
|   |                    |                    |                   |            |      |                   |  |  |  |
|   |                    |                    |                   |            |      |                   |  |  |  |
|   |                    |                    |                   |            |      |                   |  |  |  |
|   |                    |                    |                   |            |      |                   |  |  |  |
| (Self attested Photocopies of Certificate, Mark Sheets and other testimonials are to be enclosed)   |                    |                    |                   |            |      |                   |  |  |  |
|   |                    |                    |                   |            |      |                   |  |  |  |
|   |                    |                    |                   |            |      |                   |  |  |  |
|   |                    |                    |                   |            |      |                   |  |  |  |
|   |                    | 1                  | l                 |            |      |                   |  |  |  |

| 11. Name of the College / Institute with   | : |                |     |  |  |  |  |  |  |
|--|---|----------------|-----|--|--|--|--|--|--|
| address where you studied last   |   |                |     |  |  |  |  |  |  |
| 12. Whether Employed   |   |                |     |  |  |  |  |  |  |
| (If yes, please Specify)<br>Name of Organization<br>Designation                                      |   | Yes 🗌          | No□ |  |  |  |  |  |  |
| Years of Experience  | : |                |     |  |  |  |  |  |  |
| 13. Whether Interested to stay in Hostel   | : | Yes 🗌          | No  |  |  |  |  |  |  |
| 14. Languages Known  | : |                |     |  |  |  |  |  |  |
| 16. Blood Group  | : |                |     |  |  |  |  |  |  |
| 17. E-mail   | : |                |     |  |  |  |  |  |  |
| 18. WhatsAPP No.   |   |                |     |  |  |  |  |  |  |
| DECLARATION BY THE CANDIDATE   |   |                |     |  |  |  |  |  |  |
|  |   |                |     |  |  |  |  |  |  |
| 1  | S | Son/Daughter o | f   |  |  |  |  |  |  |
| hereby declare that I have gone through the prospectus for seeking admission into HDCM               |   |                |     |  |  |  |  |  |  |
| (Distance Mode) and the information furnished above by me are true to the best of my                 |   |                |     |  |  |  |  |  |  |
| knowledge and belief.  |   |                |     |  |  |  |  |  |  |
| I am fully aware that, I will not be entitled for refund of the fee deposited to the institute under |   |                |     |  |  |  |  |  |  |
| any circumstances.   |   |                |     |  |  |  |  |  |  |
|  |   |                |     |  |  |  |  |  |  |
| FULL SIGNATURE OF THE APPLICATION  |   |                |     |  |  |  |  |  |  |
| Place :  |   |                |     |  |  |  |  |  |  |
| Date :   |   |                |     |  |  |  |  |  |  |
|  |   |                |     |  |  |  |  |  |  |
|  |   |                |     |  |  |  |  |  |  |
| FOR OFFICE USE ONLY  |   |                |     |  |  |  |  |  |  |
| Class Roll No. :   |   |                |     |  |  |  |  |  |  |
| Remarks :  |   |                |     |  |  |  |  |  |  |
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## Instructions to the Candidates:

- 1. Read the Instructions carefully before filling up and submitting the Application Form.
- 2. All the photocopies of Certificates/Mark sheet and Photograph must be self attested.
- 3. Photocopy of evidence as an employee of any cooperative institutions / cooperative banks
- The Application Form downloaded must duly be filled by hand and send it only by Speed / Registered post /Courier / e-mail to The Director, Madhusudan Institute of Cooperative Management, Unit -8, Bhubaneswar- 751012 (Odisha).
- 5. The study materials will be sent by e-mail.
- 6. The **Contact Classes** will be held for 15 working days during each semester. The exact date and time schedule etc. will be communicated in advance.
- Total Course Fees = to Rs. 12,154/- (Course fee Rs. 10,000 + Application fee Rs. 300 + GST @18% Rs.1,854).

The details of mode of payment will be communicated to the selected candidates.

## DIRECTOR