2025 Application for Diplomo in Cooperative Management (24th CORRESPONDENCE CO

Tamil Nadu Cooperative Union

Age

Application Registration Number: KCP2025MDS827

| Course applied for | DIPLOMA IN COOPERATIVE MANAGEMENT |
|----------------------------|-----------------------------------|
| Advertisement No. and Date | DIPR/525/Display/2024 16.04.2025 |

| Date of Registration | 04-05-2025 |
|----------------------|------------------------------------|
| Time | 12:37:04 AM |
| IP Address | 163.116.195.116 |
| Name of ICM | Perarignar Anna ICM - Kancheepuram |



Personal Details

Date of Birth

Name Gender

GAnapathy V p Male

28-06-1987 37

Mobile number Alternate mobile number

9940236533 8610313859

Aadhar Number Email

812573904534 GANAPATHY.VP@GMAIL.COM

Parent / Guardian Nationality

Perumal V INDIAN

Religion

Hindu

Address for Communication Permanent Address

8/16,East Puduvai Nagar, Chromepet,Chengalpet,

Tamilnadu-600048. 8/16, East Puduvai Nagar, Chromepet,

Chengalpet, Tamilnadu, 600048

Community Differently Abled

SCA - Scheduled Caste Arunthathiar No

Destitute Widow Ex-Serviceman Category

No No

Divorcee Refugee from Srilanka or Burma

No No

Athlete (National/State/District level)

No

Education Details

Educational Qualification Name &Address of Institution **SSLC** St Pauls Higher Sec School **Medium of Instruction** Year of passing 2003 English **Total Marks Marks Secured** 500 314 Certificate.No **Percentage** 0265646 62.8 **Educational Qualification** Name &Address of Institution Bharathi Vidyalaya Higher Sec School HSC (+2) **Medium of Instruction** Year of passing **English** 2005 **Total Marks Marks Secured** 1200 602 Certificate.No **Percentage** 1492338 50.17 **Educational Qualification** Name &Address of Institution Degree (3 years) Loyola College **Medium of Instruction** Year of passing **English** 2008 **Marks Secured Total Marks** 3400 1681 Certificate.No **Percentage** 331182 49.44 **Educational Qualification** Name &Address of Institution Masters Degree Vels University **Medium of Instruction** Year of passing **English** 2010 **Total Marks Marks Secured** 2100 1159 Certificate.No **Percentage** CCSJ100569 55.19

Functional Registrar Society Type

Cental Registar of Coop Societies PACCS

Name of the Co-op. Institution Designation

Tirukazhukundram PACCS Salesman

Address of the Co-op. Institution Mode of Appointment

G312 Tirukazhukundram PACCS Kavarai Street Tirukazhukundram Chaistriatp Recruitment Board

Affirmation

- ✓ If I am selected as a trainee by your institute of cooperative management, I hereby abide the laws, rules and discipline of the training centre and regularly participate in the classes and examination by maintaining regular attendance and avoiding leaves. Also participate in monthly parents meeting regarding monthly attendance and training. If unable to continue the training due to unavoidable reasons, I agree that I will not demand to refund the tuition fees paid. Also I will attend the classroom examinations without fail. In case of violating legal conditions of the training institute, I agree to be removed from the training without any prior notice.
- ✓ I submit my self-declaration to the principal with evidence that I am not working in any other company and getting salary by signing in attendance register during my training days.
- ✓ I am bound to take any action if it comes to the notice of the principal that if I have submitted wrong information and I give an undertaking that I will not pursue any court of departmental case in this regard
- ✓ I hereby abide the rules and regulations and also legal conditions for the aforesaid declarations

Student Signature

Aphanpety