The Andhra Pradesh State Cooperative Bank Ltd.

(A State Partnered Scheduled Bank)

International Year of Cooperatives 2025

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

(Affix Passport size Photograph)

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. :
Email ID:

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 qualification certificates