



CYBERSRI

CENTRE FOR DEVELOPMENT OF IMAGING TECHNOLOGY (C-DIT)

GOVT. OF KERALA

Chitranjali Hills, Thiruvallom PO, Thiruvananthapuram-695027

Phone: 0471-2323949, Email: www.cybersri.org

Appl. No.
(For Office use)

APPLICATION FORM FOR THE POST OF ACCOUNTS ASSISTANT IN CYBERSRI

Name of Applicant (in bold letters)						PHOTO (passport)
Permanent Address: with Pin Code						
Contact address	<input type="checkbox"/> Same as above					
Gender	<input type="checkbox"/> Male	Age	Date of Birth			
	<input type="checkbox"/> Female					
Whether belongs to SC/ST	<input type="checkbox"/> Yes <input type="checkbox"/> No	Religion		Caste		
Email ID						
Contact Number	Res. (with STD code):		Mob:			
Educational Qualifications	Qualification	Subject/Stream	Year of Passing	Board/University	Percentage/Grade	
Experience						
Certificates attached						

DECLARATION

I certify that the information given above is true to the best of my Knowledge.

Place:

Date:

Signature:

Name:

FOR OFFICE USE