



CYBERSRI

CENTRE FOR DEVELOPMENT OF IMAGING TECHNOLOGY (C-DIT)

GOVT. OF KERALA

1st floor, Ambedkar Bhavan, Mannanthala PO, Thiruvananthapuram 695015

Phone: 0471-2933944, website: www.cybersri.org

APPLICATION FORM

Training Applied for												
Name of Applicant <i>(in bold letters)</i>											PHOTO (passport)	
Permanent Address												
Communication Address	<input type="checkbox"/> Same as above											
Father's/Guardians Name & Occupation					Father's/Guardians Contact Number							
Gender			Age	Date of Birth								
Whether belongs to SC/ST	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Religion				Caste					
Place of birth, District and State												
Email ID												
Contact Number	Res. (with STD code):					Mob:						
Educational Qualifications												
Examination passed	Subject/Stream	School/college	Year of Passing	Board/University	Percentage/Grade							
Additional Qualifications						Certificates attached						
Training Undergone (if any)						1. 2. 3.						

DECLARATION

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

Place:

Date:

Signature:

Name:

FOR OFFICE USE
