CyberSri
www.cybersri.org

CYBERSRI SUB CENTRE, HARIPAD
CENTRE FOR DEVELOPMENT OF IMAGING TECHNOLOGY [C-DIT]
GOVT. OF KERALA
MEDICAL CENTRE BUILDING, HARIPPAD, ALAPUZHA KERALA-690514

No. C-DIT/CYB/6/2020-COORD1

25.9.2021

NOTIFICATION

CyberSri is the Advanced IT training and Incubation centre implemented by Centre for Development of Imaging Technology (C-DIT) and funded by Scheduled Caste Development Department, Govt. of Kerala. CyberSri invites application for training programme with stipend for Scheduled Caste candidates conducted at CyberSri sub centre, Haripad-Alappuzha.

No	Training Programme	Qualification	Duration of training	stipend	Age Limit
1	Digital Print and Web Design	Any Degree or 3 year Diploma/ B Tech passed or course Completed	6 months	4500	21-26
2	Computerized Finance Management	Any Degree or 3 year Diploma/ B Tech passed or course Completed	6 months	4500	21-26

The closing date of submission of application is **8th October 2021**

Instructions

1. The applicant should ensure that they possess the required eligibility conditions before applying for the post.
2. The application form is available in **www.cybersri.org**. duly filled application along with supporting documents shall be submitted either through offline to "Project Manager, CyberSri Project, C-DIT, Chithranjali Hills, Thiruvallom PO, Thiruvananthapuram 695027" or through email to **cybersriharipad@gmail.com** .
3. The copy of the supporting documents i.e. Copy of Degree certificate, Community certificate, SSLC shall be submitted along with the application, failing which the application will be treated as incomplete and summarily rejected.
4. Interview for the Shortlisted candidates will be conducted online/offline. Original certificates will be verified at the time of interview/joining. final rank list will be published based on interview in the website www.cybersri.org.
5. Contact: 9895478273, 9895788334.

Project Manager
CyberSri

CYBERSRI
CENTRE FOR DEVELOPMENT OF IMAGING TECHNOLOGY (C-DIT)
GOVT. OF KERALA
HARIPAD SUB CENTRE NR.MEDICAL CENTRE BUILDING,
WARD NO.15 BUILDING NO 386 HARIPPAD, ALAPUZHA

APPLICATION FORM

Training Applied for					
Name of Applicant *(in bold letters)*					PHOTO (passport)
Permanent Address					
Communication Address	☐ Same as above				
Father's/Guardians Name & Occupation			Father's/Guardians Contact Number		
Gender		Age	Date of Birth		
Whether belongs to SC/ST	☐ Yes ☐ 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 1. 2. 3.
Training Undergone (if any)		

DECLARATION

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

Place:
Date:

Signature:
Name:

FOR OFFICE USE