



**CYBERSRI**

**CENTRE FOR DEVELOPMENT OF IMAGING TECHNOLOGY (C-DIT)**

GOVT. OF KERALA

Ambedkar Bhavan, Mannanthala PO, Thiruvananthapuram-695015

Phone 0471-2933944

**APPLICATION FORM**

<b>Training Applied for</b>					
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:		
<b>Educational Qualifications</b>					
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:

<b>FOR OFFICE USE</b>
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