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CENTRE FOR DEVELOPMENT OF IMAGING TECHNOLOGY (CDIT)

(Under Govt.of Kerala)

Chithranjali Hills, Thiruvallom P.O, Thiruvananthapuram-695027

Name of the Applicant. Shri/Smt/Ms						
Permanent Address of the Applicant						
Name of the Centre						
Address of the Centre						
Building No	Building Name	Post Office	Pin code	Place	Taluk	
Village	District	Phone	Mobile	E-mail	Fax	
Type of Local Body : (Panchayath/Municipality/Corporation)						
Name of the Local Body where the Institution is to be started:						
Type of Organization: (Society/Company/Partnership/Proprietorship)						
Year in which the institution started functioning:						
Total Number of computers in the institution:						
Sl No	Processor Type		HDD(GB)		RAM(GB)	No
1.						
2.						
3.						
4.						
5.						
Whether the institution has got an Internet Connection?						
If yes, name of the Internet Service provider						
Details of Peripheral Devices :						
Dot matrix 80 Col./132 col	Inkjet Printer	LaserJet	Scanner	Webcam	Plotter	

Others (Specify)			
UPS	POWER IN KV	Number	
Details of Available Software			
SI No	Name of Software	Quantity	Licensed or Not
1			
2			
3			
4			
5			
6			
Employee Details			
How many computer training faculty are in the centre?			
SI No	Category	Total No	Expenditure of Amount
1	Professional		
2	Technical		
3	Managerial		
4	Maintenance		
5	Others		
Whether the institution possess the affiliation of any other Agency?			
If yes, please give details			
Amount to be paid along with this application form		Rs.3420/- (Inclusive of service tax)	
DD Number & Date			
Bank			

I agree to abide by the rules and instructions of CDIT in CEP affiliation

Date :

Office Seal

Signature of Applicant

Demand Draft should be taken favoring REGISTRAR, CDIT payable at Thiruvananthapuram.

This application may be sent to the address given below:

Head of Department, TED, CDIT, TC 82/2444,
Chirakkulam Road, Statue, Thiruvananthapuram-1
Phone: 0471-2471 300/310/360