



NO:  
(for office use)

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

Chitranjali Hills, Thiruvallam P.O., Thiruvananthapuram – 695 027

Phone: 0471-2380910/912/895, Fax: 0471-2380681

**Application Form**

Application for .....										
Name of Applicant (in bold letters)										
Permanent Address: with Pin code										
Contact address		<input type="checkbox"/> Same as above								
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of birth						
				<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y					
SC/ST		<input type="checkbox"/>	General	<input type="checkbox"/> OBC <input type="checkbox"/>						
Telephone:		Res : (With STD code)		Mob:						
Email id										
Educational Qualifications (Self Attested copies of certificates to be attached)		Qualification	Subjects	Year of Passing						
				Percentage of Marks						
Skills / Experience (Self Attested copies of certificates to be attached)										

**Declaration**

*I certify that the above information is true to the best of my knowledge*

Date

Signature

Name: