

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

11											
Name of the Post	ANNOTATORS	1									
Name of Applicant (in bold letters)									Paste size p		sport
Permanent Address: with Pin code									Size p	noto	
Contact address	Same as ab	ove									
Gender	Male Female					D	D N	1 M	Y	Y	
Religion			Cast	e							
Telephone:	Res: (With STD code)					Mob:					
Email id											
Emergency contact	t of close relative/f	riend:									
	Qualification	s	Year of Passing Pe				rcentage of Marks				
Educational Qualifications (Attested copies of certificates to be attached)	V		bjects				- 8				
Skills / Experience (Attested copies of certificates to be attached)											
<u>Declaration</u>											
I certify that the a	I certify that the above information is true to the best of my knowledge										

Date Signature

Name: