



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**

Post Applied										
Name of Applicant <i>(in bold letters)</i>									Paste passport size photo	
Permanent Address: with Pin code										
Contact address	<input type="checkbox"/> Same as above									
Gender	<input type="checkbox"/> Male	Age	<input type="checkbox"/>	Date of birth	D	D	M	M	Y	Y
	<input type="checkbox"/> Female									
Religion				Caste						
Telephone:	Res : <i>(With STD code)</i>				Mob:					
Email id										
Emergency contact of close relative/friend:										
Educational Qualifications <i>(Attested copies of certificates to be attached)</i>	Qualification	Subjects	Year of Passing	Percentage of Marks						
Skills / Experience <i>(Attested copies of certificates to be attached)</i>										

**Declaration**

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

*Date*

*Signature*

Name: