



82096

CENTRE FOR DEVELOPMENT OF IMAGING TECHNOLOGY

(Under Government of Kerala)

2nd floor, Cherunniyoor Towers, District Court In ,Vanchiyoor.P.O
Thiruvananthapuram - 695 035 Phone : TED: 0471-2471300



APPLICATION FORM FOR ADMISSION

Scheme **2010**

Enrl. No:
(For Office Use only)

Course Applied for

Name of CEP with place

Please affix your recent passport size photo here. Don't Staple.

1. Name
(In Block Letters)

2. Date of Birth
(Attested copy of Proof of age is to be attached)

Date		Month		Year					

3. Sex Male M Female F

4. Name of Father/ Guardian

5. Permanent Address

PIN :

6. Address for Communication

PIN :

7. Telephone Number
(With STD Code)

8. SSLC Book Number

9. Whether belongs to SC/ST
(Attach attested copy of SSLC Book)

10. Whether BPL Category
(Attach attested copy of page showing BPL in Ration Card)

11. Computer Knowledge if any

(To be Kept at CEP)



12. Educational Qualification (Attested Copies of Certificates are to be attached)

Examination Passed	University / Board	Year of Passing	Class	% of Marks

DECLARATION

I.....do hereby declare that the particulars given above are true and I shall abide by the rules and regulations of C-DIT.

Place: _____

Date : _____

Signature of the Candidate

(If any of the particulars furnished above are found to be false, the admission is liable to be cancelled)

FOR OFFICE USE OF CEP ONLY

Fee Paid Rs..... (Rupees.....)

DD. No.....Dated.....Bank.....

Branch.....

Office Seal of CEP

Date of Joining

Signature of CEP