

CENTRE FOR DEVELOPMENT OF IMAGING TECHNOLOGY (C-DIT)

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FAX: 0471-2380681 www.cdit.org

APPLICATION FORM FOR CERTIFICATE COURSES

 √ Tick your choice/s ☐ Certificate Course in Digital Still Photography Course ☐ Certificate Course in Non Linear Editing Course 						Passp	a recent oort size ograph
	Serial No:	Reg No:			Date:		
1	Name of the Appli (In Block Letters)	cant					
2	Name of the Fathe	r/Guardian					
3	Permanent Addres	S					
	with PIN code						
4	Contact Address						
	with PIN code						
5	Contact No./ Phon	e					
6	Mobile Number						
7	E - Mail						
8	Nationality						
9	Age						
10	Date of Birth						
11	Sex		M	ALE / FEMALE			
12.	Academic qualification	tion:					
Exa	mination	Subject		University / Board Examination		Year of Passing	Percentage of Mark
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CTT / CERTIFICATE COURSES

13. Details of other qualification

Course/ Examination	University / Board / Institute	Subject	Year of Passing	Class/ Grade

14	Proficiency in Computer Knowledge (Please mention the level in terms of Education qualification)	
15	Proficiency in Photography	
16	Job Experience if any	
17	Any other information you wish to add:	

DECLARATION

I	do hereby declare that the information furnished above is true to
the best of my knowledge and	belief.
Place:	
Date:	Applicant's Signature

NB: The applicants are directed to submit their attested photocopies of educational qualification. Those who have downloaded the form from C-DIT's web site should also submit Proving certificates and a demand draft for Rs. 100/- drawn in favour of **REGISTRAR**, **C-DIT** along with the filled in application form.

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