

**Centre for Development of Advanced Computing  
Software Training and Development Centre**

Technopark Campus, Kariyavattom P.O,  
Thiruvananthapuram – 695 581  
Phone: 0471 – 2781500  
E-Mail: stdc@cdac.in



| APPLICATION FOR INDUSTRIAL TRAINING PROGRAM                     |              |   |
|---|--------------|---|
| Name of Candidate   |              | Affix Photo<br>(to be attested by<br>Head of Institute) |
| Date of Birth   |              |   |
| Name of College   |              |   |
| Branch of Study   |              |   |
| No. of Semesters Completed                                      |              |   |
| Mobile Number   |              |   |
| E-Mail  |              |   |
| Name of Parent  |              |   |
| Contact Number of Parent  |              |   |
| Permanent Address   |              |   |
| Communication Address<br><input type="checkbox"/> Same as Above |              |   |
| Name of Course Selected   | 1.<br><br>2. |   |

*(Rs.3500 per course [Inclusive of 18% GST] has to be paid at the time of joining.)*

Place: .....

Date: .....

Signature of Student: .....

**Letter of Recommendation**

I recommend ..... for pursuing his/her industrial training programme at your organization. The particulars furnished above by the student are true. During the period at your organization, he/she will abide by the rules and regulations stipulated by you. The total period available for doing the industrial training is from ..... to ..... We guarantee proper conduct of the student and we understand that we are liable to compensate any damage/loss that may be caused by the student to C-DAC in the course of the project work.

Signature: .....  
(Head of Department)

Office Seal

Date: .....

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