

APPLICATION FORM

IWST SHORT TERM TRAINING COURSES 2020-2021

Course Title:

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PERSONAL DETAILS

Full Name:

Date of Birth:

Gender: Male / Female

Address for Correspondence:

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..... Postal Code :

Telephone: Fax :

E-Mail:

EMPLOYMENT DETAILS

Name of organization:

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Address of the superior/contact person:

.....

.....

..... Postal Code :

Telephone: Fax :

E-mail:

Type of organization:

Government/Public

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NGO

☐

Private

☐

WORK EXPERIENCE

Present position/designation:

Description/Nature of work:

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Previous work experience:

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Total years of experience in forestry/environment related field : years

ENGLISH LANGUAGE PROFICIENCY

Fair

☐

Excellent

☐

Good

☐

WILL THIS TRAINING BE OF USE TO YOUR PRESENT WORK? IF YES, HOW?

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COURSE FEE

Payment of Rs. enclosed through DD No. dated
in favour of Director, IWSST payable at Bangalore.

Date :

Signature of Candidate:

To be returned to :

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Institute of Wood Science and Technology,
18th Cross, Malleswaram, Bangalore- 560 003
Tel: 080-22190179, 080-22190106,
Fax: 080- 23340529;
Email: extension_iwst@icfre.org dir_iwst@icfre.org