

APPLICATION FORM

IWST SHORT TERM TRAINING COURSES 2018-2019

Course Title:

.....

PERSONAL DETAILS

Full Name:

Date of Birth:

Gender: Male / Female

Address for Correspondence:

.....

.....

.....

..... Postal Code :

Telephone: Fax :

E-Mail:

EMPLOYMENT DETAILS

Name of organization:

.....

.....

Address of the superior/contact person:

.....

.....

..... Postal Code :

Telephone: Fax :

E-mail:

Type of organization:

Government/Public NGO Private

WORK EXPERIENCE

Present position/designation:

Description/Nature of work:

.....
.....
.....
.....
.....

Previous work experience:

.....
.....
.....
.....
.....

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?

.....
.....
.....
.....
.....

COURSE FEE

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

Date : Signature of Candidate:

To be returned to :

.....
Institute of Wood Science and Technology,
18th Cross, Malleswaram, Bangalore- 560 003
Tel: 080-22190100, 080-22190200 (Gen.),
Fax: 080- 23340529;
Email: dir_iwst@icfre.org extension_iwst@icfre.org