

APPLICATIONFORM

IWST SHORT TERM TRAINING COURSES2023-2024

Course Title: Sandalwood: Farming and Management of its Health

PERSONALDETAILS

Full Name:

Date of Birth:

Gender:

Address for Correspondence:

Telephone:

Fax :

E-Mail:

EMPLOYMENT DETAILS- NA

Name of organization:.....
.....
.....

Address of the superior/ contact person:
.....
.....

.....Postal Code :.....

Telephone:.....Fax:

E-mail:.....

Type of organization:

Government/Public NGO Private
WORKEXPRIENCE

Present position/designation:.....

Description/Nature of work:

Previous work experience:

Total years of experience in forestry/environment related field: Nil 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.....
Infavour of Director, IWST payable at Bangalore.

Date:

Signature of Candidate:

To be returned to:

.....

Institute of Wood Science and
Technology, 18th Cross, Malleshwaram,
Bangalore-560 003
Tel:080-22190198, 080-2190201
Fax:080-23340529;
Email: murthyn@icfre.org ; extension_iwst@icfre.org ; dir_iwst@icfre.org