

FORMAT OF THE APPLICATION FORM

To,
The Director
ICFRE-Rain Forest Research Institute
Sotai Deovan
Jorhat-785010, Assam

Application for the post of _____

1. Advertisement No. : RFRI/3/213/2015-Estt./Vol. XII dated 29.08.2023
2. Amount of Application Fee : ₹ 500/-; Trans. No.: Date:.....
3. Name of Applicant
(in Block Letter) :
4. Father's/Husband's Name :
5. Date of Birth :
6. Age as on ___/___/2023 :Years.....Month.....Days
7. Category (tick whichever applicable): UR SC ST OBC PwD EWS
8. Nationality : Indian Others Specify _____
9. Gender : Male Female
10. Address for Communication :
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-
-
-
11. Mobile No./E-Mail ID :
12. Educational Qualification :

Exam Passed	Year	Board/School/University

13. Experience if any:

I hereby declare that the above information is correct to the best of my knowledge and belief that nothing has been concealed or distorted. If any time, I am found to have concealed/distorted any material information, my appointment shall be liable for summarily termination.

Place: _____

Date: _____

Signature of Candidate