

## FORMAT OF THE APPLICATION FORM

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

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Application for the post of \_\_\_\_\_

1. Advertisement No. : RFRI/3/213/2015-Estt./Vol. XIII 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 : .....
- .....
- .....
- .....
- .....
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