

**APPLICATION FORM FOR ENROLLMENT TO SEEK ADMISSION FOR THE  
WOODWORKING TRAINING COURSE AT AWTC, IWST, BANGALORE**

To,

The Director,  
Institute of Wood Science and Technology.  
P.O.Malleswaram, Bangalore – 560 003 (India).  
Email: awtc\_iwst@icfre.org

Name in Full (Block Letter) :	
Father's Name :	
Permanent Address :	
Telephone No.:	
E-Mail Address :	
Date of Birth :	
Age :	
Qualification and Year of passing :	
Field of Experience and No. of Years	
Employment details, if any :	
Languages known :	
To Read :	
To Write :	
To Speak :	
Training Course in which seeking admission (Tick the course)	1. Conventional Training Course [    ] 2. CNC Training Course            [    ]
Batch and date of joining the course	Batch No. :                      Date of Joining:  (please refer the course schedule in AWTC, IWST website: <a href="http://www.iwst.icfre.gov.in">www.iwst.icfre.gov.in</a> )

Date:  
Place:

Signature of the Applicant