## APPLICATION FORM TO SEEK ADMISSION FOR ONE YEAR DIPLOMA IN ADVANCED WOODWORKING AT AWTC / IWST. BANGALORE

| To The Director, Institute of Wood Science & Technology. P.O.Malleswaram, Bangalore – 560003 (India). Email: awtc_iwst@icfre.org | Pl affix Self<br>Attested Photo |
|--|---------------------------------|
| Name in Full (Block Letters)   |                                 |

| Name in Full (Block Letters)      |          |  |       |         |       |  |
|-----------------------------------|----------|--|-------|---------|-------|--|
| Father's Name                     |          |  |       |         |       |  |
| Date of Birth                     |          |  |       |         |       |  |
| Age                               |          |  |       |         |       |  |
| Nationality/Religion              |          |  |       |         |       |  |
| Whether SC/ST/OBC/Gene            | eral     |  |       |         |       |  |
| Permanent Address                 |          |  |       |         |       |  |
| Address for Communication         |          |  |       |         |       |  |
| Telephone. No.                    |          |  |       |         |       |  |
| Mobile No.                        |          |  |       |         |       |  |
| E-Mail ID                         |          |  |       |         |       |  |
| Qualification and Year of passing |          |  |       |         |       |  |
| Field of Experience and No.       | of Years |  |       |         |       |  |
| Name of the Employer, if we       | orking   |  |       |         |       |  |
| Languages Known                   |          | English                                  | Hindi | Kannada | Other |  |
|                                   | To Read  |  |       |         |       |  |
|                                   | To Write |  |       |         |       |  |
|                                   | To Speak |  |       |         |       |  |
| Website                           |          | ttp://iwst.icfre.gov.in/awwtc/awwtc.htm) |       |         |       |  |

Date:

Place: Signature of the Applicant