

## 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** : .....  
.....  
.....  
.....
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