



भा.वा.अ.शि.प.-वर्षा वन अनुसंधान संस्थान
ICFRE-RAIN FOREST RESEARCH INSTITUTE

भारतीय वानिकी अनुसंधान एवं शिक्षा परिषद

Indian Council of Forestry Research & Education

पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय, भारत सरकार
(Ministry of Environment, Forest & Climate Change, Govt. of India)

देववन, जोरहाट-785010(असम)/ Deovan, Jorhat-785010 (Assam)



Detailed Information on
Training on Agarwood Cultivation and Artificial Inoculation

ICFRE-RAIN FOREST RESEARCH INSTITUTE, JORHAT (ASSAM) is organizing **Skill Development Training on Agarwood Cultivation and Artificial Inoculation** for Farmers, Agar Growers, Members of NGOs, SHGs and JFMCs, Autonomous/ Development Councils, Entrepreneurs, Students etc during **24-26 April, 2024**. The course content includes Nursery Practices, Plantation Management and Hands-on session on Artificial Inoculation of Agar Tree. Details of the training are given below:

SN	Particulars	
1	Total Number of Participants	20 (Approx)
2	Mode of Selection	First Come, first Served
3	Training Date	24-26 April, 2024
4	Training Fee	<ul style="list-style-type: none">Rs. 6000/- per person (inclusive of boarding, lodging and training kit)Rs. 5000/- per person (excluding accommodation charges) The requisite Course Fees may be paid following ways: <ol style="list-style-type: none">Through Demand Draft drawn in favour of Director, RFRI, Jorhat (Assam) and payable at Jorhat, orThrough NEFT/RTGS to SB Account No. 393102010056470, IFSC UBIN0539317, Union Bank of India, Jorhat Branch, Assam with subsequent intimation to the Head, Extension Division, ICFRE-RFRI, Jorhat (Assam).
5	Accommodation Facility	Twin Sharing Basis at Scientist Hostel

Interested Candidates are requested to fill up the Application Form as attached herewith and submit to the following address personally/ by post / by e-mail:

The Head

Extension Division

ICFRE-Rain Forest Research Institute

P.O. Sotai, Jorhat-785010 (Assam), Contact No. 09435351736

E-mail: rkkalita1969@gmail.com

**APPLICATION FORM FOR SKILL DEVELOPMENT TRAINING ON AGARWOOD
CULTIVATION AND ARTIFICIAL INOCULATION**

Name of the Applicant (In Capital Letters)	
Date of Birth	
Address in Block Letters	
E-mail	
Mobile No.	
Educational Qualification	

I hereby declare to the best of my knowledge and belief that the information furnished above are correct and original.

Date:.....

Place:.....

Signature