

APPLICATION FORM
MANAGEMENT TRAINING PROGRAMME ON COMMUNITY FORESTRY
CENTRE FOR PEOPLE'S FORESTRY
2011

Programme Title:

PERSONAL DETAILS

Full Name:

Date of Birth:

Gender: Male Female

Address for Correspondence:

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Postal Code:

Telephone: Mobile:

E-Mail: Fax:

EMPLOYMENT DETAILS

Name of Organisation:

Type of Organization: Government/Public NGO Private

EXPECTATION FROM THE TRAINING:

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TOTAL YEARS OF EXPERIENCE IN FORESTRY/NRM FIELD: years

ENGLISH PROFICIENCY: Moderate Good Excellent

COURSE FEE

Payment of Rs. enclosed through DD/cheque No. Dt

In favour of "Centre for People's Forestry, Secunderabad".

Date: Signature of Candidate:

TO BE RETURNED TO:

Trainings

Centre for People's Forestry

12-13-483/39, 1st Floor, Street No 14, Lane 6

Nagarjunanagar Colony, Tarnaka, Secunderabad - 500017

Tel/Fax: 040 27154484/94 | E-mail: trainings@cpf.in