



## 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 **10-12 March, 2025**. 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	<b>10-12 March, 2025</b>
4	Training Fee	<ul style="list-style-type: none"><li>Rs. 10000/- per person (inclusive of boarding, lodging and training kit)</li><li>Rs. 8000/- per person (excluding accommodation charges)</li></ul> The requisite Course Fees may be paid following ways: <ol style="list-style-type: none"><li>Through Demand Draft drawn in favour of Director, RFRI, Jorhat (Assam) and payable at Jorhat, <b>or</b></li><li>Through NEFT/RTGS to SB Account No. <b>393102010056470</b>, IFSC <b>UBIN0539317</b>, Union Bank of India, Jorhat Branch, Assam with subsequent intimation to the Head, Extension Division, ICFRE-RFRI, Jorhat (Assam).</li></ol>
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](mailto: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