

ANNEXURE-I

Identity card No. _____

FOREST RESEARCH INSTITUTE, DEHRA DUN

1. Name of the Applicant _____
2. Designation _____
3. Division/Discipline/Section in which employed _____
4. Residential Address _____
5. Hospital/Dispensary _____
6. If Husband/wife is employed give joint declaration _____
7. Details of family members:

Sl.No.	Name	Date of birth	Relation with Govt. Servant	Remarks (for office use)

Forwarded to Misc.Section, FRI

Signature
Head of Division/Discipline/Section
With office Seal

Signature of the applicant
Dated the _____

No. (IC)/ Misc.,
Miscellaneous Section,
Forest Research Institute,
(Indian Council of Forest Research & Education)
P.O., New Forest, Dehra Dun-248 006

Dated the

Copy forwarded to the following for information and necessary action please :-

1. The Accounts Officer/DDO _____.
2. The C.M.O. (In-charge), New Forest Hospital, FRI.
3. Dr./Shri/Smt.Miss _____ through the Head of Division/Discipline/Section for records.

Establishment & Accounts Officer (General)
Forest Research Institute

ANNEXURE-II

Identity card No. _____

FOREST RESEARCH INSTITUTE, DEHRA DUN

1. Name of the Applicant _____
 2. Designation _____
 3. Division/Discipline/Section in which employed _____
 4. Number of names to be added _____
- :

Sl. No.	Name	Date of Birth	Relation with Govt. Servant	Remarks (for office use)

Forwarded to Misc.Section, FRI

Signature
Head of Division/Discipline/Section
With office Seal

Signature of the applicant
Dated the _____

No. (IC)/ Misc.,
Miscellaneous Section,
Forest Research Institute,
(Indian Council of Forest Research & Education)
P.O., New Forest, Dehra Dun-248 006

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Forest Research Institute