

HOSPITALITY TRAINING PROGRAMME
FOOD CRAFT INSTITUTE, DHARAMSHALA

(Sponsored by the Ministry of Tourism, Govt. of India Affiliated to National Council for Hotel Management & Catering Technology, Noida)

Telephone: 01892-246036, Email: fcidharamsala@gmail.com

Skill Testing & Certification Programme

For office use only
Diary No. _____
Reg No. FCI/ STC/2019/ _____
Date of Reporting : _____

APPLICATION FORM

Course Applied: (Tick appropriate box)

I. Food Production- 6 days

II. F & B Service - 6 days

Passport Size Photograph

- Name:
- Father's Name:
- Mother's Name:
- Correspondence Address:
- Permanent Address:
- Contact Phone:
- E-mail:
- Date of Birth: 8. Category :
- Age: 10. Whether person with disability (Yes/ No)
- Educational qualification: -

Course Name	School/University	Marks obtained	M.M Marks	Year of passing
5th				
10th				

12. Experience

Organisation	Post Held	Department	Date From	Date to	Total Duration DD/ MM/YY

13. Aadhar linked bank account details:-

Aadhar No. Bank Name Branch

Account No. Branch Code IFSC Code

Certified that the above details are true and that if found incorrect my admission is likely to be cancelled.

Date:

Place:

Signature of the Applicant