

Food Craft Institute, Dharamshala

APPLICATION FORM FOR ACADEMIC SESSION 2020-21

For Office Use Only

Application No.

Date

Signature

INSTRUCTIONS:

1. This form is required to be filled in by the candidate in his/her own handwriting.
2. Incomplete applications and those without necessary copies of certificate will not be considered for admission.
3. A Demand Draft of Rs. 400 (Gen/OBC/EWS), Rs. 300/- (SC/ST/PH) to be enclosed in favour of **Principal Food Craft Institute, Dharamshala** payable at Dharamshala.
4. A separate application with separate Demand Draft of fee should be submitted if applicant desires to apply for each course.

Draft No. _____ Dated _____ Rs. _____ Bank _____ Payable at **Dharamshala**

Course applied (Tick One) :-

- Diploma in Food Production
- Diploma in Food & Beverage Service
- Diploma in Front Office
- Diploma in Housekeeping
- Diploma in Bakery & Confectionery

Please affix recent
Passport size Photo

*The Institute reserves the right to cancel any batch of Diploma without assigning any reason whatsoever.

1. Name Sh./Smt./Km (in capital letters as on Matriculation Certificate)

2. Category : GEN OBC SC ST PH EWS

3. Date of Birth:

4. Father's Name : 5. Mother's Name :

6. Contact No. : 7. E-mail id :

8. Uniform Shirt Size : Pant Size..... 9. Shoe Size :

10. Educational Qualifications :

Name of the Examination	Board/Univ. with name of School/College/ Institute	Year	Subjects	Total	Marks	% age of Marks aggregate
10th						
10+2						
Other Qualification (if any)						

11. Permanent address:

12. Correspondence address:

.....

 Pin Code

.....

 Pin Code

13. Details of local Guardian (if any) :

.....
.....
.....

14. Nationality

15. State of Domicile

16. Hobbies

17. SPORTS / CRAFT COURSE

Represented School/College at State Level Represented School/University at National Level

Passing one year craft course from a recognized institute.

(Please Tick (✓) whichever is applicable to the applicant)

18. Documents (self attested photocopies to be attached):

- (a) 10th Marksheet
- (b) 12th Marksheet
- (c) School Leaving/ Migration Certificate
- (d) Character Certificate
- (e) Certificate of Physical Fitness in the prescribed form enclosed herewith
- (j) EWS Certificate
- (f) Scheduled Caste/Tribe Certificate
- (g) Certificate regarding participation in Sports at National/State Level, if any
- (h) Certificate course, if any
- (i) Certificate of Bonafide Himachal Pradesh domicile

DECLARATION

- (i) I hereby agree to abide by the rules & regulations of the Institute as laid down in the instructions and any other additions / alterations made thereto from time to time to ensure proper conduct and discipline of students.
- (ii) I hereby declare that I have not been debarred from appearing for any examination held by any Government consituted or statutory examination authority of India.
- (iii) I hereby declare that the information given in the application is ture and no material information has been willfully suppressed by me. I understand that I will stand to be disqualified from being admitted to the course in the event of my being found to have furnished any false information.
- (iv) I have read and understood the information about the courses as availabe at (www.fcidharamshala.org) and copy of which is also given to me.

Date :.....

Name & Signature of Applicant

I have permitted my ward to join the Diploma in the Food Craft Institute, Dharamshala. In this regard, I undertake full responsibility towards his/ her conduct and discipline. I also certify that the information given by my ward in the above application is correct to the best of my knowledge. In the event my ward is admitted to the said course, I will be responsible for payment of fees and other dues from time to time. I understand that no fee will be refunded (except Caution Money) once admission is taken

Date :.....

Name & Signature of the Father or Guardian

For office use only

Eligible / Not Eligible : _____

Reason (if not eligible) : _____

Admission Committee

CERTIFICATE OF PHYSICAL FITNESS

(Medical Certificate to be filled in by Registered Medical Practitioner)

This certificate is necessary as the training in the institute involves a large amount of food handling. Final admission of the candidate will be subject to submission of a medical certificate by a registered Medical Practitioner. (Given below)

Name of the Student :.....

Address
.....

MEDICAL CERTIFICATE

Upon examination it is found that Sh./Smt./Km. _____ is not suffering and does not appear to have suffered from any of the following diseases during the past five years:-

- | | |
|-------------------------------|----------------------------------|
| (a) Infectious skin diseases | (b) Psoriasis Follicle |
| (c) Tuberculosis | (d) Trachoma |
| (e) Venereal Disease Epilepsy | (f) Convulsions due to any cause |

Address
.....
.....

Registration No

Seal & Signature of Medical Practitioner