



# FOOD CRAFT INSTITUTE, JABALPUR

(Established by Ministry Of Tourism Govt. of Madhya Pradesh)

Affiliated to: National Council for Hotel Management and Catering Technology, Noida



Form No. \_\_\_\_\_

Reg. No \_\_\_\_\_

2 PHOTOGRAPHS  
3x2 (Inch)

S. No.	Name of the Course	Duration	Please Tick (✓)
1	Diploma In Food & Beverage Service Operation	1 ½ Year	
2	Diploma In Food Production Operation	1 ½ Year	
3	Diploma In Bakery & Confectionary	1 ½ Year	

Name in Capital Letters \_\_\_\_\_

Gender: Male  Female

Email id: \_\_\_\_\_ Contact No: \_\_\_\_\_

Date of Birth

Age as on 01 July 2017

Date	Month	Year

Date	Month	Year

Nationality				
Caste (Please Tick)	Gen	OBC	ST	SC

Father's Name in Capital Letters \_\_\_\_\_

Contact No: \_\_\_\_\_

Mother's Name in Capital Letters \_\_\_\_\_

Contact No: \_\_\_\_\_

Present Address \_\_\_\_\_

State \_\_\_\_\_ Pincode: \_\_\_\_\_

Permanent Address \_\_\_\_\_

State \_\_\_\_\_ Pincode: \_\_\_\_\_

Educational Qualification

S.No.	Name Of Exam Passed	Board/University	Year	Percentage

Experience If Any

S. No.	Name Of Organisation	Position Hold	Experience (MM/YY)

Bank Details (Draft/Challan): In favor of "Principal Food Craft Institute, Jabalpur" payable at Jabalpur.

Bank Name		DD No.	
Date		Amount.	

**Important Instructions to candidates**

Read these instructions carefully before filling the application form:-

1. Application to filled by the candidate in his/her own hand writing, complete the application form in all respect. Incomplete forms will not be considered for admission. Please note that your name, your parent's/guardians name and your date of birth should be exactly same as in your matriculation certificate.
2. Enclose attested Photo-copies of (1) proof of age (2) 10th and 12th pass mark sheet (3) SC/ST/OBC/ Physically Handicap Certificate (4) Medical certificate (5) Character certificate (6) one stamped self address en-velop. (Rs. 5/- stamp affixed) Detail of intervening period, Gap Certificate for more than 1yr.
3. Fold the form without damage to photograph. Paste only recent color photograph. Do not staple it.
4. Deposit by hand or Post the envelop to the following Address (The Institute shall not be responsible for any postal delay or missing)...

**Principal  
Food Craft Institute  
Dumna Airport Road, Near IIITDM,  
P.O Khamaria, Jabalpur – 482005 (M.P)**

5. All Fees are to be paid at the time of admission in the form of DD only, in favor of “**Principal Food Craft Institute, Jabalpur**” payable at Jabalpur.

**IMPORTANT GUIDELINES DATES TO REMEMBER: -**

1. Last date for submission of application form 30.06.2017.
2. Upper age limit 25yrs for Gen & OBC, 05yrs relaxation to ST, SC & Girls
3. All admission, would be provisional and shall be confirmed subsequently. Even after confirmation, the admission can be cancelled. If it is proved beyond doubt that the admission was obtained through fraudulent means his/her fee will be forfeited.
4. The institute, however, reserves the right to refuse admission to any individual without assigning any reason. A candidate shall not be entitled to claim admission as a matter of right even if he/she is otherwise eligible. The Principal reserves the right to postpone or cancel any of the courses without assigning any reason.
5. Fees once paid will not be refunded

\* For any other information please visit us at [www.fcijabalpur.com](http://www.fcijabalpur.com) or contact on (M): 9407124391 (Off Hrs: 09:00am till 05:00pm)

**DECLARATION**

I hereby solemnly and sincerely affirm that the statement made and information furnished in my application form and also in all the enclosures thereto submitted are true. Should it however be found that any information furnished therein is untrue in material particulars, I realize that I am liable to the legal outcome and I also agree to forgo my seat.

Place. \_\_\_\_\_

Date. \_\_\_\_\_

**Signature of the applicant**

I have permitted my ward to join the Institute and I shall be responsible for his / her conduct and discipline as mentioned above and any change made from time to time. I also state that I will be responsible for payment of all fees and dues in the scheduled time.

Place. \_\_\_\_\_

Date. \_\_\_\_\_

**Name, Phone No. &Signature of the Parent/Guardian**



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## MEDICAL FITNESS CERTIFICATE

(To be obtained only from a Gazetted Government Medical Officer and produced along with the admission form)

Certified that I have in general and also in regard to the following infectious diseases examined Mr./Ms. \_\_\_\_\_ (whose signature is given below)  
 Son/Daughter of Shri. \_\_\_\_\_.

**Photo**  
 signed and  
 verified by the  
 Doctor

### FINDINGS

Disease	Remark
Infectious Skin Disease	_____
Psoriasis Foliate	_____
Tuberculosis	_____
Trachoma	_____
Venereal Disease	_____
HIV	_____

and found He/She is suffering from \_\_\_\_\_ of the above  
 disease and His/Her Blood Group is \_\_\_\_\_.

I also certify that after examination I find that Mr./Ms. \_\_\_\_\_ is  
 fit to undergo course of study in **Food Craft Institute Jabalpur.**

\_\_\_\_\_  
 (Name & Sign of Candidate)

\_\_\_\_\_  
 Name Gazetted Government  
 Medical Officer  
 Seal & Registration Number