

Form No. _____

Reg. No _____

S. N.	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	
4	Diploma In Housekeeping Operations	1 ½ Year	
5	Diploma In Front Office Operations	1 ½ Year	

Affix current
passport size
photograph

Name in Capital Letters : _____ Gender: Male Female

Email id: _____ Contact No: _____

Date of Birth

Age as on 01 July 2018

Date		Month		Year	

Date		Month		Year	

Nationality				
Caste (Please Tick)	Gen	OBC	ST	SC

Father's Name : _____ Contact No (1): _____
(in Capital Letters)

Mother's Name : _____ Contact No (1): _____
(in Capital Letters)

Name & Contact No's of any 02 person apart from your parents in case of emergency:(1) _____ (2) _____

Present Address : _____

State _____ Pincode: _____

Correspondence Address : _____

State _____ Pincode: _____

Educational Qualification

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

Experience If Any

S. No.	Name Of Organization	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.	

Signature of the applicant

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) Original Transfer Certificate & Character certificate (6) Current Bank Passbook copy (of front page), (7) one stamped self address envelop. (Rs. 5/- stamp affixed) Detail of intervening period and Gap Certificate for more than 1yr.
3. Fold the form without damage to photograph. Paste one recent passport size photograph & Submit one with the form. 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 30.06.2018.
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 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



FOOD CRAFT INSTITUTE, JABALPUR
 (Established by Ministry Of Tourism Govt. of Madhya Pradesh)
 Affiliated to: National Council for Hotel Management and
 Catering Technology, Noida



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