

# FOOD CRAFT INSTITUTE

Rangagora, Samaguri, Nagaon (Assam) Pin - 782140

## ADMISSION FORM

Name of the Course : .....

Paste Passport size Photograph	(For office use only)
	Registration No.....
	Application No.....
	Date.....
Signature of Staff.....	

Name of the Candidate :

..... First ..... Middle Name ..... Surname

\*Scheduled Caste/Tribe : Yes/No .....

\* Strike out whichever is not applicable

### INSTRUCTION :

1. To be filled in by the candidates in his / her own handwriting.
2. Incomplete applications and those without necessary copies of certificates will not be considered.
3. Application by post or otherwise will not be accepted by the Institute after due date under any circumstances.
4. Date of admission and interview will not be communicated to the individual applicant. It will only be published in the Institute's Notice Board on the last date of Submission of duly filled up form.

### ALL CONCERNED TO NOTE

1. Ignorance of rules shall not be entertained as plea for violating any rules.
2. No correspondance shall be entertained from candidates not admitted under the rules.
3. Violation of the rules, unsatisfactory progress, irregular attendance, irregular clearance of institute fees/dues, showing discourtesy to the Principal, teachers and staff members in any form, smoking in the institute campus, taking alcoholic beverage or any form of drugs etc. are some of the offence, which may make students liable for disciplinary action, suspension and even expulsion from the institute.
4. Attendance in class : attence of sutdents in class / Laboratory, is compulsory. Students are only allowed to appear as regular candidates having 75% Below 60% of attendance in any subject / subjects. he / she is debarred from appearing in the corresponding examination.
5. The sessional works be performed by each student in Theory / Labortory are carried over to the corresponding past of the Diploma Examination. Similarly, values are counted from the marks obtained in class test and terminal examination towards corresponding parts to the Diploma Examination.

Signature of the Guardian

Signature of the Candidate

1. a. Date of Birth .....
  - b. Age 1st July 201.....Months.....Days.....
  2. Complete address for correspondence.....  
.....Pin.....Phone No.....
  3. Name and Address of Father / Guardian.....  
.....  
.....Pin.....Phone No.....
  4. Profession / Occupation of Father or Guardian with Official / Business  
Address.....  
.....Pin.....Phone No.....
  5. Father's/ Guardian's annual income from all sources Rs.....
  6. Name and address of Local Guardian in case of emergency.....  
.....Pin.....Phone No.....
  7. Whether Indian National ? Yes / No.
  8. State of Domicial.....
  9. Hobbies.....  
.....
  10. Give particulars of any former work experience with dates & positions held:  
.....  
.....
- (pl. attach a sheet if the space is not adequate)*

*Signature of applicant*

### DECLARATION

I Have a permitted my ward to join the Food Craft Institute, Samaguri and I Shall be reponsible for His / her conduct and disipline as laid down in the prospectus / Rules and any change made there in from time to time. I also state that the information given by him / her in this application are correct. I shall be responsible for the payment.

.....  
Signature of Father of Guardian

Date.....

Full Name.....

### Declaration Form

I Shri / Smt.....Cannot undertake any other course of study, once admitted into Food Craft Institute, Samaguri.

**Full Signature of Student**

## EDUCATION QUALIFICATION

Sl. No.	Name of the Examination	Board/University with the name of School/College Institute	Year	Subject offered	Total Marks	% of aggregate Marks (excluding marks in additional Subject)

## EXTRA CURRICULAR ACTIVITIES

- SPORTS :**
- International Level
  - Representing State at national level
  - Representing School/University at National Level
  - Representing School/College at State Level
- (Please tick the box applicable to you)

Please enclose attested true copies of the following Certificates :

- (a) Proof of age
- (b) Educational Qualification
- (c) Mark Sheet (s)
- (d) Certificate of Physical fitness in the prescribed form enclose
- (e) Character Certificate
- (f) Schedule Caste/Tribe Certificate if applicable
- (g) Certificate regarding participation in sports at National / State Level if any
- (h) Certificate of passing a recognized Craft and other course if any

(Originals are to produced at the time of interview)

# CERTIFICATE OF PHYSICAL FITNESS

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

The certificate is necessary as the training in the institute involves a large amount of food handling

Name of the Student.....

Address.....

.....

.....

## MEDICAL HISTORY

Certified that the above students in not suffering from any of the following diseases :

- (a) Infection skin diseases
- (b) Psoriasis Folicle
- (c) Tuberculosis
- (d) Trachoma
- (e) Venereals Disease
- (f) Epliepsy
- (g) Convulsion due to any cause

He / She has not suffered from the above disease or any other major disease during the past years.

Signature of Medical Practitioner

Address.....

.....

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Price Rs. : 20/-

Registration No.....

**National Council for Hotel Management & Catering  
Technology, Noida**  
**Application/Registration Form**  
**(Food Craft Institute, Samaguri, Nagaon, Assam ,782140)**

PHOTO

**(Capital letter Only  
Applicable)**

**Annexure-3**

SI No	Field No	Value
1	Mobile No (Valid)	
2	Email Id (Valid)	
<b>(Capital letter Only Applicable)</b>		
1	Student First Name	
2	Student Last Name	
3	Gender	
4	Domical State	
5	Father Name /Husband name	
6	Mother Name	
7	Date Of Birth	
8	Marital Status	
9	Category	

10	Blood Group	
11	Student type(Day Scholar/Hotel Resident)	
12	Identification Type (voter Id/Aadhaar/voter Id)	
13	Aadhaar/Pen/Voter id Number	
14	Nationality	
15	Father Income	
16	Institute Name	
17	Course	
18	Course Division (Sam1/Sam2)	
<b>Admission Details (Admission authority)</b>		
1	Enrollment Number	
2	Ignou No	
3	Batch	
4	Academic Year	
5	Application No	
6	Centralized Application No	
7	Institute Name	
8	Course	
9	Course Division (Sam1/Sam2)	

<b>Residential Address</b>		
<b>1</b>	Street Address/Village	
<b>2</b>	Post Office	
<b>3</b>	Country	
<b>4</b>	State	
<b>5</b>	District	
<b>6</b>	City/Town/Village	
<b>7</b>	Pin code	
<b>Correspondence Address</b>		
<b>1</b>	Street Address/Village	
<b>2</b>	Post Office	
<b>3</b>	Country	
<b>4</b>	State	
<b>5</b>	District	
<b>6</b>	City/Town/Village	
<b>7</b>	Pin code	
<b>Guardians Details</b>		
<b>1</b>	Guardian name	
<b>2</b>	Guardian relation	
<b>3</b>	Guardian address 1	
<b>4</b>	Guardian address 2	
<b>5</b>	City (NEAR)	
<b>6</b>	Pin code	
<b>7</b>	Mobile No	
<b>Bank Details</b>		
<b>1</b>	Account Number	
<b>2</b>	Account Holder Name	
<b>3</b>	Bank Name	
<b>4</b>	Branch Name	
<b>5</b>	IFSC Code	

<b>Academic Details</b>		<b>I</b>	<b>II</b>
<b>1</b>	Qualification		
<b>2</b>	Board/University		
<b>3</b>	Total Marks obtained		
<b>4</b>	Total Max Mark		
<b>5</b>	Subject		
<b>6</b>	Grade		
<b>7</b>	Education Mode		
<b>8</b>	Result Status		
<b>9</b>	Passing Year		
<b>10</b>	CGP?		
<b>Medical History</b>			
<b>1</b>	Illness Diagnosis	<b>To Be Filled Only If Data Available</b>	
<b>2</b>	Date Of Onset		
<b>3</b>	Treatment Received		
<b>4</b>	Treatment Completed on		
<b>5</b>	Treated at		
<b>6</b>	Under Treatment		
<b>Work History</b>			
<b>1</b>	Institute/Organization	<b>To Be Filled Only If Data Available</b>	
<b>2</b>	Designation		
<b>3</b>	Department		
<b>4</b>	Job Responsibility		
<b>5</b>	From		
<b>6</b>	To		

Note:- Provide A good Resolution Size Photo (Size 15kb to 200Kb)  
Provide A good Resolution signature Size Photo (Size 1kb to 100Kb)  
Provide A good Resolution ID image (Size 1kb to 100Kb)  
Provide A good Resolution HS Mark sheet (Size 15kb to 10 MB)

SIGNATURE BOX
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