

FOOD CRAFT INSTITUTE
Samaguri

ADMISSION FORM

Name of the Course :

Paste Passport size Photograph	<p style="text-align: center;">(For office use only)</p> Registration No. Application No. Date. Signature of Staff
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Name of the Candidate :
.....First Name..... Middle Name.....Surname

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

* Strike out whichever is not applicable

<p>INSTRUCTION :</p> <ol style="list-style-type: none">1. To be filled in by the candidate 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 : attendance of student 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 corresopnding 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 of the Diploma Examination.

Signature of the Guardian

Signature of the Candidate

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

.....

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MEDICAL HISTORY

Certified that the above student is not suffering from any of the following diseases :

- (a) Infections skin diseases
- (b) Psoriasis Follicle
- (c) Tuberculosis
- (d) Trachoma
- (e) Venereals Disease
- (f) Epliepsy
- (g) Convulsions due to any cause

He/She has not suffered from the above disease or any other major disease during the past 5 years.

Signature of Medical Practitioner

Address

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Registration No.....

EDUCATIONAL QUALIFICATION

Sl. No.	Name of the Examination	Board/University/ with the name of School/College Institute	Year	Subjects 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 | (f) Schedule Caste/Tribe Certificate if applicable |
| (b) Educational Qualification | (g) Certificate regarding participation in sports at National/ State Level if any |
| (c) Mark Sheet(S) | (h) Certificate of passing a recognized Craft and other course if any |
| (d) Certificate of Physical fitness in the prescribed form enclose | (i) Permanent Residential Certificate |
| (e) Character Certificate | |

(Originals are to be produced at the time of interview)