

DECLARATION :

We hereby declare that particulars furnished above are true and correct to the best of our knowledge.

We have carefully gone through and understood the conditions of admission written in the Prospectus.

Signature of Parent / Guardian

Signature of Applicant

Place _____

Place _____

Date _____

Date _____

For Office Use Only

Form No _____

Receipt No _____ Dated _____ Amounting Rs _____

Date _____ Accountant _____ Dealing Assistant _____

Principal _____

Food Craft Institute, Ajmer

Hostel Application Form

Sr. No.

1. Name
(write in capital letters)
2. Father's Name
(write in capital letters)
3. Address for correspondence

Space for recent
P.P. size colour
photo

Phone No. Mobile No.

4. Name and Address of local Guardian (*at Ajmer*)

Phone No. Mobile No.

5. **Declaration :** I hereby declare that the particulars furnished above are true and correct to the best of my knowledge. I undertake to follow the rules and regulations of the hostel and payment of hostel fees as per rules.

Signature of Parent / local guardian

Signature of Hostel Warden

Signature of Student

FOR OFFICE USE ONLY

1. Hostel allotted / Not allotted

2. Hostel bed No. Hostel Dormitory No.

3. Hostel Fee receipt No. Amount Dated

Signature of

Hostel Warden

Mess Incharge

Cashier / Accountant

Principal

Food Craft Institute, Ajmer

To be submitted duly filled at the time of Admission

MEDICAL CERTIFICATE

Sr. No.

(To be filled in by a Registered MBBS Doctor)

Name of the Candidate :

Blood Group with RH factor

Identification Mark

Address :

.....

Certified that I have examined that Mr / Ms / Mrs

whose signature is given below is not suffering from the following diseases :

- (a) Infections skin diseases
- (b) Psoriasis Foliate
- (c) Tuberculosis
- (d) Trachoma
- (e) Venereal disease
- (f) Epilepsy
- (g) Leukaemia

He / She is not suffering from any of the above disease.

.....
Doctor
(Signature with seal)

.....
Signature of the Candidate

Registration No.

Date

Address

.....

.....

Food Craft Institute, Ajmer

To be submitted duly filled at the time of Admission

Students' Personal Record

(To be filled in block letters)

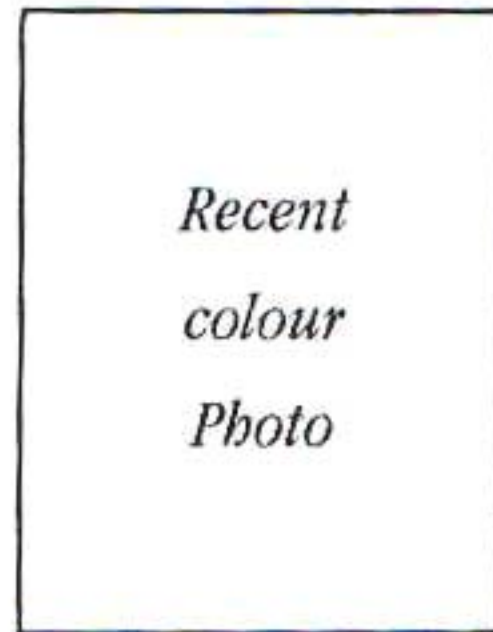
Name

Roll No.....

Department.....

Date of Birth

Father/Guardian :



Name

Address

Phone No. Mobile :.....

Neighbours / Local Relatives name and phone no
(in case of emergency)

Blood Group Allergic to

Any other standing medical instructions.....

Specimen signatures of Parent / Guardian.....

Specimen signature of student

Food Craft Institute, Ajmer

UNDERTAKING

(To be filled by the candidate and submitted at the time of admission to F. C. I., Ajmer)

I, son / daughter of

Shri Seeking admission in the Craft Course at

Food Craft Institute, Ajmer do hereby undertake to arrange for 'Industrial training' in a hotel or catering establishment of repute, duly approved by the Principal of the Institute for a period of six months on my own, after the final examinations.

I promise to submit the proposed name of the hotel / catering establishment to the Principal latest by

Department

Dated

Signature of Applicant