

**APPLICATION FOR ADMISSION TO CRAFTSMANSHIP
COURSE IN FOOD PRODUCTION (1- 1/2 YRS)**

FOOD CRAFT INSTITUTE, MYSURU

“AN AUTONOMOUS BODY UNDER DEPT. OF TOURISM, GOVT OF KARNATAKA”

AFFILIATED BY NCHMCT –NOIDA

KANNADA KARANJI BUILDING, EXHIBITION AUTHORITY GROUNDS,
DODDAKERE MAIDANA, INDIRA NAGAR MYSURU 570 010

(Latest Passport
size Photograph
to be affixed)

For the academic year 2026-2027

(Separate Application should be registered for each Course)

(Self Attested copies of the Certificates only to be enclosed)

Sl. No. _____

1.	Course Applied for (Block Letters)			
2.	Name of Candidate (Block Letters) (As entered in SSLC /HSC Certificate)			
3.	Gender	Male ☐	Female ☐	Transgender ☐
4.	Date of Birth and Age (Attested copies of Certificate to be enclosed)	(No Maximum Age Limit)		
5.	Community (Whether SC/ST) If yes, Attested copy of Certificate to be enclosed from competent Authority.			
6.	Father's Name/Mother's Name Occupation			
7. (a)	Prescribed qualifying examination passed with Total marks and percentage of marks. (Attested copy of mark list of SSLC to be enclosed)		Total Marks	% of Marks
		SSLC:		
(b)	Whether passed the qualifying examination in First Attempt.	SSLC: Yes/No		
8.	Nationality and Domicile			
9.	Address of Candidate for Communication.			
		Pin Code:		
		Telephone No:		
		Mobile No.:		
		Email ID:		

10.	Whether passed any Certificate Course from Institute of Hotel Management/Food Craft Institute? If yes, furnish details. Certificate to be enclosed.				
11.	Details of Participation in Sports,(if any) (State/National Level) (copies of Certificate to be enclosed)				
12.	Fees Details	Name of Bank	Date	D.D No.	Amount

Note: 1. Demand Draft to be drawn in favour of “Food Craft Institute Karnataka Society, Mysuru”
2. For Online Payment- Bank Account Name: Food Craft Institute Karnataka Society
A/c Number: 74240100003885 & IFSC Number: BARB0VJNAZA

DECLARATION

I _____ son /daughter of Shri. _____
age _____ years, residing at (address) _____ district
_____ state, hereby declare that the information given above and in the
enclosed documents is true to the best of my knowledge and belief and nothing has been
concealed therein. I am well aware of the fact that, if the information given by me is proved
false/ not true, I shall be liable for punishment as per law. Also, all the benefits availed by me
shall be summarily withdrawn.

Place: _____ Signature of Applicant _____

Date: _____ Name in BLOCK Letters _____

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 _____

List of Documents to be attached

- | | |
|--------|--------|
| 1..... | 4..... |
| 2..... | 5..... |
| 3..... | 6..... |

OFFICE USE

Application received on _____ Signature of Dealing Clerk _____

Application found eligible / not eligible after scrutiny _____

Reason for not eligible _____

Name & Signature of the Scrutinizer _____