

APPLICATION FOR ADMISSION TO DIPLOMA COURSES 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**

For the academic year 2026-2027

(Separate Application should be registered for each Course)

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

Latest Passport
size
photograph to
be affixed

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 & PUC to be enclosed)		Total Marks	% of Marks
		PUC		
		SSLC		
(b)	Whether passed the qualifying examination in First Attempt.	PUC: 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shall be summarily withdrawn.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 _____