



FOOD CRAFT INSTITUTE

Department of Tourism, Govt. of U.P.
(University Polytecnic Campus)
A.M.U, Aligarh-202002 (U.P.)

ADMISSION FORM

Paste Recent
Photograph
Self Attested
Passport
size

Application Form No.	
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Registration No. <small>(For office use only)</small>	
CASH RECEIPT NO.	

1. Name of the course Applied for in order of preference	<p>a</p> <p>b</p> <p>c</p>
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2. Name of the candidate (in capital letter)

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3. Date of Birth

		Age
DATE	MONTH	YEAR

1. Sex Male/Female	
2. Nationality	
3. Domicile	
4. Aadhar Card No.	
5. Religion	
6. ST/SC/OBC/General	
7. Blood Group	
8. Father's Name	
9. Mother's Name	
10. Email ID	
11. Parents Profession/Occupation	
12. Correspondence Address	
13. Permanent Address	
14. Guardian Name (if any) in Aligarh (Full Address)	

15. Details of other examination passed :

Examination	University/Board	Roll No.	Year of Passing	Subjects	Max. Marks	Marks Obtained	Division	%
X								
XII								
Graduation								
Others								

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**FOOD CRAFT INSTITUTE, ALIGARH
APPLICATION FORM RECEIPT**

Application form fee Receipt No. Form No.

The application of Mr./Miss.for the Course

Session has been received under Registration No. Dated