FOOD CRAFT INSTITUTE, ALIGARH

Hostel Admission Form

Fees Three Months Rs. 18000/-
Fees Six Months Rs. 33000/-

Includes Breakfast, Lunch, Dinner & Tea

Affix Passport size recent Photograph

1. STUDENT'S DATA

Name

Gender : Male/Female

Date of Birth : DD MM YEAR

Religion : _____

Course : _____

Cell Phone No. _____ District : _____

E-mail : _____ Residence No : _____

Aadhaar Card No : _____ (Attach Copy of Student's Aadhaar Card)

Permanent Address : _____

Postel Address : _____

2. PARENTS DATA

Father/Guardian Name : _____

Occupation : _____

Cell Phone No. : _____ Residence Phone No : _____

Email : _____ Office No. : _____

Aadhaar Card No : _____ (Attach Copy of Parents/Guardian's Aadhaar Card)

3. MEDICAL RECORD

a. Are you having any medical problem? Yes/No

b If yes, specify the disease you are suffering from _____

c. Any medicine being used regularly? _____

d. Are you a smoker? (Yes/No) _____ Blood Group : _____

UNDERTAKING

The above mentioned information is correct to the best of my knowledge and i shall be responsible and answerable for any wrong information and that hostel rules and regulations shall be binding upon my ward and shall be strictly adhered to. I understand that in no case fees once deposited in hostel is refundable.

Signature of Parents/Guardian _____ Signature of Student _____

Date : _____