



APPLICATION FORM
FOOD CRAFT INSTITUTE, ALIGARH
University Polytechnic Campus,
Aligarh Muslim University, Aligarh

Paste a self
attested
recent
Passport size
Photograph

Post applied for:.....

Particulars of Payment of Application fee

| S.No. | DD No. | DD Date | Issuing Bank | Value (Rs.) |
|-------|--------|---------|--------------|-------------|
| | | | | |

| | | | | | |
|-----------|---|----------------|-------|------|-----------------------------|
| 1. | Name of Candidate (Mr./Mrs./Miss) (in capital letters) | | | | |
| 2. | Date of Birth (For age proof attach self attested copy of the Matriculation certificate.) | Day | Month | Year | Age as on 01.07.2017 |
| | | | | | |
| 3. | Father's/Husband's Name | | | | |
| 4. | Mother's Name | | | | |
| 5. | Nationality | | | | |
| 6. | Gender (Male/Female) | | | | |
| 7. | Marital Status | | | | |
| 8. | Category (Gen/SC/ST/OBC) If so, please attach certificate in support) | | | | |
| 9. | Address with Pin Code | | | | |
| | Permanent | Correspondence | | | |
| | | | | | |

| | | | | | | |
|------------|--|------------------------------|-------------------|---------------------|----------------------------|------------------|
| 10. | Tel. No. with STD Code | | | | | |
| 11. | Mobile No. | | | | | |
| 12. | E-mail ID | | | | | |
| 13. | Educational Qualifications : (in ascending order) Attach documents in support. | | | | | |
| S.No. | Name of Exam Passed | Name of the Board/University | Year of Passing | Percentage of Marks | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 14. | Other Qualifications (Applicants may mention any special qualification or experience which do not fall under the above heads) Also attach relevant documents in support. | | | | | |
| S.No. | Name of Qualification | Name of Institute | Year of Passing | Duration | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 15. | Work Experience (in chronological order beginning from the present job) Attach documents . | | | | | |
| S.No. | Designation | Organization | Period of Service | | Reason for leaving the job | Nature of Duties |
| | | | From | To | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

16. If employed, present Post with scale of pay & pay drawn:

.....

(Signature of the Applicant)

Place:

Date:

17. If employed, Remarks of the forwarding authority.

Place:

Signature

Name

Date:

Designation

(Office Stamp)

Declaration

I hereby declare that all the particulars furnished by me in this application are true to the best of my knowledge and belief. If any of the information/particulars furnished by me is found to be false at any stage, my candidature/selection is liable to be rejected/cancelled by the appropriate authority without assigning any reason.

(Signature of the Applicant)

Place:

Name:

Date:

Details of enclosures:

1. DD No Dated for (Application fee)
- 2.
- 3.