



## FOOD CRAFT INSTITUTE DEOGHAR

(An Autonomous Body under the Department of Tourism, Government of Jharkhand)  
Plot No. 224, Kumaitha, Near, Sports Complex Kumaitha, Deoghar 814142, Jharkhand,  
Website: [www.fcideoghar.org](http://www.fcideoghar.org), Email: [principal.fcideoghar@gmail.com](mailto:principal.fcideoghar@gmail.com) Phone No.: +91 9304178232

### Application form

Paste a recent  
passport size  
photograph duly  
attested by a  
gazette officer

Post Applied For:

1. Full Name (IN CAPITALS).....
2. Fathers/Husbands Name (IN CAPITALS).....
3. Correspondence Address:.....  
Post.....Police Station.....Dist.....  
State.....Pin.....Tele/Mob.....  
E-mail ID.....

4. Permanent Address:.....  
Post.....Police Station.....Dist.....  
State.....Pin.....Tele/Mob.....  
E-mail ID.....

5. Date of Birth

D	D	M	M	Y	Y	Y	Y

Age as on 16.06.2025: Year.....Month.....Days.....

6. Category :SC/ST/OBC/GEN(Attach attested certificate in the prescribed format)

7. Marital Status:.....

8. Sex :.....

9. Nationality :.....

10. Present post with scale of pay and last pay drawn:.....

11. Disclosure about past disciplinary proceedings if any:.....  
(Please file affidavit)

12. Details regarding legal detention/conviction, if any:.....  
(Please file affidavit)

13. Educational qualifications (Attach Self attested copies of all Educational certificates):

Name of Examination	Name of Board/University/Institute	Year of Passing	% of Marks	Division

14. NHTET Details

Roll No.	Maximum Marks	Marks obtained	Qualified / Not Qualified	Date of Qualification

15. Work experience(in chronological order beginning from the present job):

Name & Address of the Organization	Date of Joining	Period of Service		Number of year served	Designation	Pay Grade/ Pay Band	Reason of leaving
		From	To				

(Attach Self attested copies of all Experience certificates, Enclose Additional Sheet if required)

16. Any other (Training/Experience/Short terms course etc.)

**Declaration**

I.....hereby declare that the information given in this application is true and correct. I also fully understand that if at any stage it is found that an attempt has been made by me to willfully conceal or misrepresent the facts my candidature may be summarily rejected or my employment may be terminated.

Date:

Place:

**Signature of the candidate**