



## 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, Email: principal.fcideoghar@gmail.com Phone No.: +91 9304178232

### Application Form for Teaching Associate

Passport Size  
Photograph

1.	Name of Candidate (in Capital Letters)				
2.	Date of Birth (dd/mm/yyyy)		Age as on (16.06.2025)		
3.	Father's Name/ Husband's Name				
4.	Nationality				
5.	Gender (Male / Female)				
6.	Marital Status				
7.	Category	Gen <input type="checkbox"/>	ST <input type="checkbox"/>	Others (please specify) <input type="text"/>	
8.	Address with Pin Code				
9.	Mobile no.				
10.	E-mail id				
11.	Educational Qualification : (Attach self attested copies of all Educational certificates)				
	Sr. no.	Name of the Exam passed	Name of the Board / NCHMCT / IGNOU	Year of passing	% of Marks up to two decimals/ Division
	a)	10 <sup>th</sup>			
	b)	12 <sup>th</sup>			
	c)	3 Year Bachelor's Degree in HM / Hotel Administration			
	d)	Masters' Degree in Hotel Management / Hotel Administration			
	e)	Any other relevant qualification			

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12.	NHTET Details:- Attach self attested copy						
	Sr. No.	Roll No.	Max. Marks	Marks obtained	Qualified/ Not qualified	Date of qualification	
13.	Work Experience(In chronological order beginning from the present job)						
	Sr. no	Designation & pay scale	Organization	Period of service		Total experience	
				From	To	Industry	Teaching
Total Years of Experience							

14. Present post with scale of pay & pay

drawn: .....

15. Disclosure about disciplinary proceedings, if

any .....  
..... (Add additional sheets if required)

16. Details regarding legal detention / conviction if

any .....  
..... (Add additional sheets if required).

17. Any other information desired to be furnished ..... (Add Additional sheet if required).

Date:

Place:

Signature of the applicant

## 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, I am aware that my candidature/ selection is liable to be rejected/ cancelled by the appropriate authority without assigning any reason.

Signature of the applicant

Place:

Date:

Name: .....