

**FOOD CRAFT INSTITUTE (KARNATAKA) SOCIETY**

Established by Govt. of India and Govt. of Karnataka  
under Department of Tourism (Affiliated to NCHMCT, Noida)  
1<sup>st</sup> Floor, Kannada Karanji Building, Karnataka Exhibition Authority Ground,  
Doddakere Maidana, Indira Nagar, Mysuru- 570010.

**APPLICATION FOR THE POST OF PRINCIPAL**

Photograph to  
be affixed and  
Self Attested

**Applicant's Name in Full (in block letters)** \_\_\_\_\_

**Father's /Husband's Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age as on 01-04-2020** \_\_\_\_\_

**Nationality** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Marital Status** \_\_\_\_\_

**a) Address for correspondence (in block letters)**

**Pin Code** \_\_\_\_\_ **Mobile No.** \_\_\_\_\_

**E-Mail ID** \_\_\_\_\_

**b) Permanent Address (in block letters):**

**Pin code** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Whether you belong to (please tick) GEN** \_\_\_ **SC** \_\_\_ **ST** \_\_\_ **OBC** \_\_\_ **PH** \_\_\_ **(Attach copy of certificate if you belong to SC, ST, PH or OBC)**

**Educational Qualifications:-**

<b>S. No</b>	<b>Degree/ Specialization</b>	<b>University/ Institution</b>	<b>Division or Equivalent</b>	<b>Marks</b>	<b>%age of Marks</b>	<b>Year of passing</b>

(Add additional Sheets if required)

**Employment Record (details in reverse chronological order, starting with the latest employment):**

<b>S.no</b>	<b>Name &amp; Address of the Employer</b>	<b>Period of service in each post (Duration in Months) From To</b>	<b>Designation of post held &amp; Scale of Pay</b>	<b>Nature of work and level of responsibilities</b>

(Add additional Sheets if required)

**Disclosure about past disciplinary proceedings, if any** \_\_\_\_\_

(Add additional Sheets if required)

**Details regarding legal detention/ conviction, if any** \_\_\_\_\_

(Add additional Sheets if required)

**PART-B**

**Please state whether working under:**

- a) Central Government
- b) State Government
- c) Autonomous Organization
- d) Government Undertaking
- e) Universities
- f) Any other

**Any other information you may wish to furnish \_\_\_\_\_**  
**(Add additional Sheets if required)**

**PART-C**  
**(Undertaking by Candidate)**

**I certify that the aforesaid information is correct and complete to the best of my knowledge and belief and nothing has been concealed/ distorted. At any time I am found to have concealed/distorted any material information, my appointment shall be liable to be summarily terminated without notice/compensation.**

**Place \_\_\_\_\_**

**Date \_\_\_\_\_**

**Signature of the Candidate**