

# APPLICATION FORM

For official Use only

Name :	
S.No.	Hall Tkt.No.

**UKZ'O QP VJ U'F RNQO C'K  
RCUVT[ . 'EQPHGEVKQP GT[ '( 'DCMGT[ "**

**CULINARY ACADEMY OF INDIA**  
6-3-1219/6A, Umanagar, Begumpet,  
Hyderabad-500 016, TS, India. E-mail: [iactca@yahoo.co.in](mailto:iactca@yahoo.co.in)  
website: [www.iactchefacademy.com](http://www.iactchefacademy.com)

**IMPORTANT NOTE :** Incomplete application forms will be rejected.

**CULINARY ACADEMY OF INDIA - HYDERABAD**

# INSTRUCTIONS



## CHECK LIST OF THE APPLICATION MATERIAL:

1. Completed Application form in Candidate’s own hand writing
2. Essay
3. Photo Copies of : (a) High School Marks Memorandum (10th Standard)
  - (b) Intermediate / +2 Marks Memorandum
  - (c) Transfer Certificate, Bonafide, Conduct Certificate
  - (d) Letter of reference from Hotel Employer / Instructors / Principal
  - (e) Medical Certificate (format given)
  - (f) Sports / Extra Curricular Activities
  - (g) Experience Certificate

Candidates applying for Six Months Diploma in Pastry, Confectionery & Bakery should relevant eligibility Certification (passed/appeared) documents and any other relevant documents pertaining to industrial exposure training, hotel experience etc.

The Culinary Academy of India does not discriminate on the basis of race, sex, religion, colour, national origin, marital status, or handicapping condition. This policy is followed with respect to admission of students, hiring of faculty and staff, awarding of scholarships and prizes, and admittance to functions and activities. Admission to CAI, all scholarship and loan programmes, housing accommodation, awards, promotions, graduation and certification are administered in full compliance with applicable laws. The Academy will fulfill the reservation criteria as underlined by the Government of India / Government of Andhra Pradesh.

**For Internal use only**

Application Fee Received

Cash  DD  IMO

Date of Application:.....

Code No.....

Evaluation Report :

Sl. No.:

Name:.....  
 Father / Guardian Name:.....  
 Permanent Address: .....  
 .....  
 .....

Affix Passport  
 Size Colour  
 Photograph here  
 No Poloroid  
 Photograph is allowed

City: ..... State:..... Pin Code:.....  
 Telephone: (Res).....(Office).....(Mobile).....  
 E-Mail:.....

Date of Birth (DD/MM/YYYY):       Age :   Yrs.  
 Gender :  Male  Female      Citizenship:  Indian Others (specify).....

Languages Known	Speak	Read	Write	Foreign Languages	Speak	Read	Write

**Educational Qualification Details :**

	Institution (City, State)	Grade Completed	Year of Completion	Major Subjects	% of Marks
<b>HIGH SCHOOL</b>					
<b>PRE-UNIVERSITY</b>					
<b>INTERMEDIATE / XII</b>					
<b>UNIVERSITY</b>					
<b>OTHERS</b>					

The Admission Committee will give consideration to your exposure and experience in the food service industry as well as your proficiency in English and Communication Skills. Please feel free to expand on any section of this application on a separate sheet of paper.

Cont..

**Employment Record (If more space is needed, attach extra paper)**

**Additional Information**

Approximate gross annual family Income (in Indian Rupees) \_\_\_\_\_

Have you travelled extensively in India?

Yes     No    If yes, where? \_\_\_\_\_

Do you hold a valid Passport Currently:

Yes     No    If yes, Passport No. \_\_\_\_\_

Have you travelled extensively outside India?

Yes     No    If yes, where? \_\_\_\_\_

Have you attended seminars / lectures about the Hotel Industry?

Yes     No    If yes, details \_\_\_\_\_

Have you read books and / or magazines about the Hotel / Catering / Culinary Industry?

Yes     No    If yes, Title \_\_\_\_\_

**Hobbies / Other Interests :**

**Sports Interests :**

**If you have applied to any other Catering Colleges, please specify:**

### HOW DID YOU KNOW ABOUT CAI

Alumni : Name \_\_\_\_\_ Year Passed Out \_\_\_\_\_

Internet : Name of the site \_\_\_\_\_

Newspaper / Magazine / Name of the Publication / TV Programme / Others: \_\_\_\_\_

### Kindly furnish details of Parent / Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Occupation :  Self Employed  Employed  Business

Profession \_\_\_\_\_ Others \_\_\_\_\_

Telephone:(Res) \_\_\_\_\_ (Office) \_\_\_\_\_ Mobile No. \_\_\_\_\_

### Optional data highlighting personal achievements

I have read the terms and conditions of acceptance in the Institute's Programme Catalogue and agree that if accepted and registered, I will abide by them. I understand that it is my responsibility to forward necessary application materials to complete my file for review and will inform the Admission Department in writing of any changes of information regarding my file, especially concerning employment, academic qualifications, change of address, telephone number etc.

#### SCAN & PAY



You Can Pay the Application Fee by  
Scanning the UPI QR Code  
or  
By UPI ID  
Culinary Academy of India  
UPI ID : 8790038787@SBI

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of the Applicant

Cont..

## ESSAY

In the given place write down an essay in your own hand writing describing why you wish to enter the Hotel Industry and why you have chosen the Culinary Academy of India. Also include details about your involvement with this industry, if any, especially any volunteer or part-time work in the field of food preparation.

Cont..

Essay Cont..



**CERTIFICATE OF PHYSICAL FITNESS**



Application No.

**To be filled by a Registered Medical Practitioner**

Name of the Student: \_\_\_\_\_ S/o \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Pin code \_\_\_\_\_

I, Dr. \_\_\_\_\_ Regn.No. \_\_\_\_\_

certify that the above named applicant is not suffering from any of the diseases mentioned below, nor from any other disease which may be contagious, infectious or harmful to others.

- |  |  |
|--|--|
| 1. Infectious skin diseases            | 4. Venereal Diseases   |
| 2. Tuberculosis                        | 5. Trachoma  |
| 3. Epilepsy or any type of convulsions | 6. Any physical or mental disability that may hinder his Education |

_____	_____	_____
Date	Place	Signature of the Registered Medical Practitioner

Full Address of the Medical Practitioner : \_\_\_\_\_

\_\_\_\_\_ Pin code \_\_\_\_\_

Note: The above certificate is mandatory as the training in the institute involves a large amount of food handling and is required to safeguard the students and guests