



NOTIFICATION

No. CFRD/K2/417/24

Dated: 25/05/2024

M.Sc. Admission opened

COLLEGE OF INDIGENOUS FOOD TECHNOLOGY (CFT-K), KONNI

(Self Financing College, under Dept of Food & Civil Supplies, affiliated to M. G University, Kottayam)

Under

COUNCIL FOR FOOD RESEARCH AND DEVELOPMENT, KERALA (CFRD)

CFRD Campus, Perinjottakkal P.O, Konni, Pathanamthitta Dist., Kerala-689692

Phone 0468- 2240047, 9846585609, 9562147793

Website www.supplycokerala.com, www.cfrdkerala.in

M.Sc. Food Technology & Quality Assurance - 2 years (CSS System)

Eligibility: Graduation in Science or Technology having Food Science, Food Technology, Chemistry, Biochemistry, Physics, Botany, Zoology, Family & Community Science, Microbiology or Nutrition as one of the subjects with not less than 50% marks in part III subjects.

Application Procedure

Application form for admission to M.Sc. Food Technology & Quality Assurance can be downloaded from the website www.supplycokerala.com, www.cfrdkerala.in. The duly filled in application shall be addressed to The Principal, College of Indigenous Food Technology, Konni. An application fee of Rs.500/- (Rs.200/- for SC/ST candidates) should be paid via online mode. The envelope shall be super-scribed as “*Application for Admission to M.Sc. Food Technology & Quality Assurance - 2024-2026*”. All the candidates must compulsorily register in M.G University’s **PGCAP 2024**, through website www.cap.mgu.ac.in and submit the copy of receipt of application for admission to Management Quota. Late applications and applications not received in the prescribed form and without online payment shall be summarily rejected.

Sd/-

Senior Administrative Officer



College of Indigenous Food Technology (CFT-K) Konni

(Self Financing College under the Dept of Food & Civil Supplies and affiliated to M. G University, Kottayam.)

Under

COUNCIL FOR FOOD RESEARCH AND DEVELOPMENT KERALA (CFRD)

Perinjottakkal P.O, Konni, Pathanamthitta Dist., Kerala-689692

Ph. No. 0468-2240047, 9846585609, 9562147793

Website: www.supplycokerala.com, www.cfrdkerala.in

No.CFRD/K2/417/24

Date: 25/05/2024

(Fill the form clearly and completely. Read carefully and Follow all directions strictly)

Instructions

1. Giving false information will affect your candidature negatively
2. Incomplete and illegible application will not be considered
3. In all matters relating to selection, the decision of the CFRD will be final.
4. Fees once paid will not be refunded under any circumstances.
5. The last date for receipt of application will be fixed later.

Our application requirements

Attach duly attested copies of the following certificates:-

Proof of age (SSLC), consolidated Degree mark sheets/Grade card and Provisional Degree certificate of qualifying examinations.

A printed copy of registration of "PGCAP 2024" of M.G. University, Kottayam through www.cap.mgu.ac.in must be furnished along with the application.

Application form fee of **Rs.500/- (Rs.200/- for SC/ST candidates)** has to be paid through online mode.

Caste certificate (only applicable to SC/ST Candidates) should be furnished as proof.

Payment Details: Account Name – Chief Executive Officer, CFRD

Account Number – 67287294223

IFSC Code – SBIN0070062

Bank Name/Branch –SBI, Konni

The application with all relevant documents should be sent to-

The Principal, College of Indigenous Food Technology, CFRD, Konni, Pathanamthitta District – 689 692

Note: - For further details contact

Ph: 0468-2240047, 9846585609, 9562147793



COLLEGE OF INDIGENOUS FOOD TECHNOLOGY (CFT-K), KONNI
(Self Financing College under Department of Food & Civil Supplies, affiliated to M. G University, Kottayam)

APPLICATION FORM FOR ADMISSION TO M.Sc. PROGRAMME (CSS) 2024-26

Name of the course: M Sc Food Technology & Quality Assurance

(Fill in Block letters or tick where applicable)

Name*: Mr. /Ms

Name of Father*:

Nationality* State *

Date of birth* Age (as on 01/06/2024)

Sex*: Male / Female

Marital Status*: Single / Married

Religion* & Caste*:

Do you belong to SC/ST/ OBC*: Yes/No

If yes, specify & attach proof

Postal Address with Pin code*

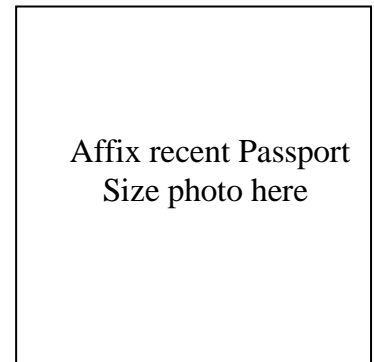
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Mobile No. (Student)*

Mobile No. (Parent)*

Email Address *

PG CAP Registration Application No*:.....



DETAILS OF QUALIFYING EXAM (B Sc)*

1	*Name of examination :					
2	*Register Number :					
3	Name of College/Institution studied :					
4	*Name of University :					
5	*Main/Core Subject (Mention double or triple main) :					
Core II & III are applicable only for double & triple main respectively						
6	*Year & Month of passing :					
7	Course-type	SUBJECTS/ COURSES	*Marks/Grade points with Grade Obtained	*Credits	*Out of: (marks)	Total (Grade point average/marks)
(i)	*Common-I	ENGLISH				
(ii)	Common-II (if any)					
(iii)	*Core-I					
(iv)	Core-II					
(v)	Core-III					
(vi)	*Complementary I					
(vii)	*Complementary II					
(viii)	*Open course					
(ix)	*Core group total				*Percentage :
(x)	Grand total/CGPA					*Percentage :
(xi)	Others					

***: Starred fields are Compulsory/Mandatory**

Declaration by the student

I.....hereby declare that the information provided by me in this application is accurate and complete to the best of my knowledge and belief. I have carefully read all the instructions in the application form and hereby agree to abide by the decision of the CFRD authorities on all matters regarding selection. I hereby declare that if admitted I will abide by the rules and regulations of the College and I will not do anything either inside or outside the College that may interfere with its working and discipline.

Date:

Place:

Name & Signature of the candidate

Declaration by the Parent / Guardian

I hereby undertake to pay dues if any to the college on behalf of my ward (Name of student) and ensure his/ her good conduct and discipline in and outside the college

Date:

Place:

Name & Signature of the Parent/ Guardian

- Enclosures: 1)
- 2)
- 3)

Online Payment Details

Account Name – Chief Executive Officer, CFRD

Account Number – 67287294223

IFSC Code – SBIN0070062

Bank Name/Branch –SBI, Konni

Transaction ID Number Date Amount.....

To be filled by The office

- a) Date of Application b) Application. No.....
- c) Amount of application fee remitted: Rs

Admission Officer

Signature