

# PROCESS FLOW

Step 1) - Click on New Registration from below Home page

**भारतीय खाद्य निगम**  
FOOD CORPORATION OF INDIA

Chhattisgarh Region

Recruitment of Watchman

[Home](#) [Press Release](#) [Advertisement](#)


**IMPORTANT DATES**  
 Registration Start Date  
14 Aug 2017  
 Registration End Date  
07 Sep 2017  
 Exam Date  
24 Sep 2017

About FCI  
<http://fci.gov.in>


  
Helpline  
Email Id : [fciraipurquery@gmail.com](mailto:fciraipurquery@gmail.com)  
Contact No.: 0755-4031428

Step 2) - Below Page will appear. Fill all details as shown below & click on SUBMIT button.

**भारतीय खाद्य निगम**  
FOOD CORPORATION OF INDIA

Chhattisgarh Region

Thu Aug 17 2017 | 2:58:41 PM IST

**REGISTRATION FORM FOR RECRUITMENT OF WATCHMAN**

\*POST APPLIED FOR/आवेदित पद

--SELECT--

\*CANDIDATE'S FULL NAME/अभ्यर्थी का पूरा नाम:

CANDIDATE'S FULL NAME/अभ्यर्थी का

(Name as recorded in the School/Matriculation/Secondary Examination Certificate/ Birth Certificate etc.) (Do not use Mr./Shri/Dr etc.)

\*DATE OF BIRTH/ जन्मतिथि

DAY MONTH YEAR

(As recorded in the School/Matriculation/Secondary Examination Certificate/ Birth Certificate etc)

\*E-MAIL ID/ ई-मेल आईडी

E-MAIL ID/ ई-मेल आईडी

\*MOBILE NUMBER/ मोबाइल नंबर

MOBILE NUMBER/ मोबाइल नंबर

SUBMIT

EXIT

Step 3) - After that you will get Login Id & password as shown in below image. Click on EXIT.

50  
भारतीय खाद्य निगम  
FOOD CORPORATION OF INDIA

Chhattisgarh Region

CONGRATULATIONS

Your Login & Password is as follows:

Login Id

109883

Password

03051994

PROCEED

EXIT

Step 4) – Enter Login Id & Password in below Login form & click on SUBMIT button.

50  
भारतीय खाद्य निगम  
FOOD CORPORATION OF INDIA

Chhattisgarh Region

Login

Login Id

109883

Password

\*\*\*\*\*

SUBMIT

EXIT

**Step 5) - Below page will appear. Fill All your Personal details in this page & click on SAVE & NEXT.**



**भारतीय खाद्य निगम**  
**FOOD CORPORATION OF INDIA**

## Chhattisgarh Region

## APPLICATION FORM

\*POST APPLIED FOR/आवेदित पद

## WatchMen

\*CANDIDATE'S FULL NAME/अभ्यर्थी का पूरा नाम:

CANDIDATE NAME

\*DATE OF BIRTH/ जन्मतिथि

03

MAY

1994

23 -Years 2 -Months 30 -Days (Age: Auto Calculated value AS ON 01 August 2017)

\*FATHER'S FULL NAME / पिता का पूरा नाम

Mr

FATHER NAME

\*MOTHER'S FULL NAME/ माता का पूरा नाम

Mrs

MOTHER NAME

\*GENDER/ लिंग

FEMALE

\*NATIONALITY/ राष्ट्रियता

INDIAN

\*MINORITY / अल्पसंख्यक

Not Applicable

\*WHETHER CANDIDATE  
SEPARATED/MIDOW/DIVORCEE / क्या अभ्यर्थी  
विधवा/परित्यक्ता/तलाकशुदा है

NO

AADHAR NUMBER/आधार क्रमांक

123456789123

\*WHETHER CANDIDATE EMPLOYED IN FOOD CORPORATION OF INDIA/क्या अभ्यर्थी भारतीय खाद्य निगम में कार्यरत है

YES

\*CATEGORY/ वर्ग

UNRESERVED/अनारक्षित

\*EX-SERVICEMAN/ भूतपूर्व सैनिक

YES

\*SERVICE PERIOD

2

1

\*PHYSICAL DISABILITY 40% or more/40% या अधिक निःशक्तता

YES

\*TYPE OF DISABILITY/ निःशक्तता का प्रकार

### III

\*DISABILITY CERTIFICATE REGISTRAION  
NUMBER/SERIAL NUMBER/निःशक्तता प्रमाण पत्र संख्या /  
सीरियल नंबर


TEST123123

☒ I hereby declare that I have read all the terms and conditions related to this test. Further, I hereby declare that the information provided in the application Form is true, complete & correct to the best of my knowledge and belief. I have not concealed any information. In case, any fact mentioned in the application is found to be wrong/incorrect at any later stage, my candidature, may be canceled.

SAVE & NEXT

EXIT

Step 6) - Fill your Contact & Address details as shown below & click on SAVE & NEXT button.



**भारतीय खाद्य निगम**  
FOOD CORPORATION OF INDIA

Thu Aug 17 2017 | 6:22:25 PM IST

Chhattisgarh Region

**CONTACT DETAILS**

\*MOBILE NUMBER/ मोबाइल नंबर

12345690

\*E-MAIL ID/ ई-मेल आईडी

test@gmail.com

**CURRENT ADDRESS**

\*ADDRESS/पता

TEST ADDRESS

\*STATE/U.T./राज्य/संघ राज्य क्षेत्र

Maharashtra (MH)

\*DISTRICT/जिला

Mumbai suburban

\*TEHSIL/CITY/तहसील/शहर

MUMBAI

\*PINCODE/पिन कोड

400104

**PERMANENT ADDRESS**

Same as Current Address ☒

\*ADDRESS/पता

TEST ADDRESS

\*STATE/U.T./राज्य/संघ राज्य क्षेत्र

Maharashtra (MH)

\*DISTRICT/जिला

Mumbai suburban

\*TEHSIL/CITY/तहसील/शहर

MUMBAI

\*PINCODE/पिन कोड

400104

**Exam City**

\*Exam City 1/परीक्षा शहर

AMBIKAPUR

\*Exam City 2/परीक्षा शहर

BILASPUR


\*Exam City 3/परीक्षा शहर

DURG-BHILAI

SAVE & NEXT

EXIT

Step 7) - Fill all your Educational details as shown below, Click on SAVE & NEXT.



**भारतीय खाद्य निगम**  
FOOD CORPORATION OF INDIA

Thu Aug 17 2017 | 6:24:47 PM IST

**Chhattisgarh Region**


**ACADEMIC QUALIFICATION**

Examination/ उत्तीर्ण परीक्षा	SUBJECTS/विषय	MAXIMUM MARKS/ अधिकतम अंक	OBTAINED MARKS/ प्राप्त अंक	PERCENTAGE/ प्रतिशत	GRADE/ GRADE VALUE/ग्रेड/ग्रेड वैल्यू	BOARD/INSTITUTION/बोर्ड/संस्थान/ विश्वविद्यालय का नाम	PASSING YEAR/ उत्तीर्ण वर्ष	ROLL NUMBER/रोल नंबर
8TH STANDARD*	ENGLISH	100	50	50	2nd Division	MAHARASHTRA STATE BOARD	2004	1111111111
HIGH SCHOOL / EQUIVALENT	ENGLISH	100	50	50	2nd Division	MAHARASHTRA STATE BOARD	2006	22222222222
INTERMEDIATE / EQUIVALENT	ENGLISH	100	50	50	2nd Division	MAHARASHTRA STATE BOARD	2008	333333333
GRADUATION	ENGLISH	100	50	50	2nd Division	MAHARASHTRA STATE BOARD	2012	44444444444

SAVE & NEXT

EXIT

Step 8) - Upload all your Documents in proper size as per mentioned below & click on SAVE & NEXT



**भारतीय खाद्य निगम**  
FOOD CORPORATION OF INDIA

Thu Aug 17 2017 | 6:26:16 PM IST

**Chhattisgarh Region**

**UPLOAD DOCUMENTS**

\*RECENT PASSPORT SIZE COLORED  
PHOTOGRAPH

\* CANDIDATE SIGNATURE

\*8TH STANDARD MARKSHEET

\*EX-SERVICEMAN CERTIFICATE

\*PWD CERTIFICATE

Choose File

CandPhoto.png  
(.jpg upto 80kb)

Choose File

CandSign.jpg  
(.jpg upto 50kb)

Choose File

300348\_S.jpg  
(pdf/peg/jpg upto 1 MB)

Choose File

300348\_S.jpg  
(pdf/peg/jpg upto 1 MB)


Choose File

300348\_S.jpg  
(pdf/peg/jpg upto 1 MB)

SAVE & NEXT

EXIT

Step 9) - Preview page will appear. Check all your details & Click on Modify for updating data or Click on Proceed to payment for payment process.




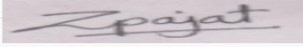
भारतीय खाद्य निगम

FOOD CORPORATION OF INDIA

Thu Aug 17 2017 | 6:28:04 PM IST

Chhattisgarh Region

Personal Information

Application No. :	109883			
Post Applied For/आवेदित पद:	WATCHMEN			
Date of Birth/ जन्मतिथि:	1994-05-03			
Candidate's Full Name/अभ्यर्थी का पूरा नाम:	CANDIDATE NAME			
Father's Full Name / पिता का पूरा नाम:	FATHER NAME			
Mother's Full Name/ माता का पूरा नाम:	MOTHER NAME			
Gender/ लिंग:	FEMALE			
NATIONALITY/ राष्ट्रियता:	INDIAN			
MINORITY / अल्पसंख्यक:	NOT APPLICABLE			
Aadhar Number/आधार क्रमांक:	123456789123			
WHETHER CANDIDATE EMPLOYED IN FOOD CORPORATION OF INDIA/क्या अभ्यर्थी भारतीय खाद्य निगम में कार्यरत है:	YES			
Category/ वर्ग:	UNRESERVED/अनारक्षित			
Ex-Serviceman/ भूतपूर्व सैनिक:	YES			
Service Period:	Service Year(s)	2	Service Month(s)	1
Physical Disability 40% or more/40% या अधिक नि:शक्लता:	YES			
Type of Disability:	HH			
Disability Certificate Registraion Number/Serial Number:	TEST123123			
Mobile Number/ मोबाइल नंबर:	12345690			
Email Id/ ई-मेल आईडी:	TEST@GMAIL.COM			
Permanent Address:	Address/पता: State/U.T./राज्य/संघ राज्य क्षेत्र: District/ज़िला: Tehsil/City/तहसील/शहर: Pincode/पिन कोड:	TEST ADDRESS MAHARASHTRA (MH) MUMBAI SUBURBAN MUMBAI 400104		
Current Address:	Address/पता: State/U.T./राज्य/संघ राज्य क्षेत्र: District/ज़िला: City/तहसील/शहर: Pincode/पिन कोड:	TEST ADDRESS MAHARASHTRA (MH) MUMBAI SUBURBAN MUMBAI 400104		
Exam City 1/परीक्षा शहर:	AMBIKAPUR			
Exam City 2/परीक्षा शहर:	BILASPUR			
Exam City 3/परीक्षा शहर:	DURG-BHILAI			

Qualification Details

Examination/इतिहास	Subject/विषय	Maximum Marks/ अधिकतम अंक	Obtained Marks/ प्राप्त अंक	Percentage/ प्रतिशत	Grade/Grade Value/ग्रेड/ग्रेड वैल्यू	Board/Institution/बोर्ड/संस्थान/ विश्वविद्यालय का नाम	Passing Year/ उत्तीर्ण वर्ष	Roll Number/रोल नंबर
8TH STD	ENGLISH	100	50	50	2ND DIVISION	MAHARASHTRA STATE BOARD	2004	1111111111
HIGH SCHOOL / EQUIVALENT	ENGLISH	100	50	50	2ND DIVISION	MAHARASHTRA STATE BOARD	2006	2222222222
INTERMEDIATE / EQUIVALENT	ENGLISH	100	50	50	2ND DIVISION	MAHARASHTRA STATE BOARD	2008	333333333
GRADUATION	ENGLISH	100	50	50	2ND DIVISION	MAHARASHTRA STATE BOARD	2012	4444444444

Documents Upload Details:

Category Proof:	NO
Ex Serviceman Certificate:	YES
Pwd Certificate:	YES

Declaration:

I hereby declare that the information submitted by me is correct and true to the best of my knowledge. I shall be liable for any disciplinary/punitive action in case any of the details are found to be incorrect.

SUBMIT

MODIFY

EXIT

**Step 10) - Verify your payment details & Click on Pay Online for payment process.**

8TH STD	TEST	100	50	50	1ST DIVISION	MAHARASHTRA STATE BOARD	2009	ADSFASDF
HIGH SCHOOL / EQUIVALENT	ENGLISH	868	50	45	1ST DIVISION	MAHARASHTRA STATE BOARD	2010	5
INTERMEDIATE / EQUIVALENT	COMMERCE	4565	50	50	1ST DIVISION	UP BOARD	2010	ASDF
GRADUATION	COMMERCE	100	50	56	1ST DIVISION	GUJARAT BOARD	2011	DSAF

**Documents Upload Details:**

Category Proof:	NO
Ex Serviceman Certificate:	NO
Pwd Certificate:	NO

**Declaration:**

I hereby declare that the information submitted by me is correct and true to the best of my knowledge. I shall be liable for any disciplinary/punitive action in case any of the details are found to be incorrect.

MODIFY

PROCEED TO PAYMENT

EXIT

Thu Aug 17 2017 | 8:09:59 PM IST



**भारतीय खाद्य निगम**  
**FOOD CORPORATION OF INDIA**

**Chhattisgarh Region**

Submission of Fees


Payment Options

☐ Online Payment


☐ Offline Payment

Next

## Online Payment



**भारतीय खाद्य निगम**  
FOOD CORPORATION OF INDIA

 IST


Chhattisgarh Region

**PAYMENT DETAILS**


ORDER NO.	FCI-OL3061
ACTUAL FEE	250.00
BANK CHARGES	13.00
TOTAL	263.00

Pay Online

## Offline Payment



**भारतीय खाद्य निगम**  
FOOD CORPORATION OF INDIA

 IST

Chhattisgarh Region

Login Id (लॉगिन आईडी)	110840
Applicant Full name	CANDIDATE NAME
Category	UNRESERVED/अनारक्षित
MobileNo	9930743325
REGISTRATION FEE(पंजीकरण शुल्क)	250.00 + Bank Charges

Go to the Login Page

Proceed..





## STATE BANK COLLECT

A MULTI-MODAL PAYMENT PORTAL

## DISCLAIMER CLAUSE

## Terms Used

- > **Corporate Customer:** Firm/Company/Institution (F/C/I) collecting payment from their beneficiaries.
- > **User:** The beneficiary making a payment to F/C/I for the services/goods availed.
- > Bank shall not be responsible, in any way, for the quality or merchantability of any product/merchandise or any of the services related thereto, whatsoever, offered to the User by the Corporate Customer. Any disputes regarding the same or delivery of the Service or otherwise will be settled between Corporate Customer and the User and Bank shall not be a party to any such dispute. Any request for refund by the User on any grounds whatsoever should be taken up directly with the Corporate Customer and the Bank will not be concerned with such a request.
- > Bank takes no responsibility in respect of the services provided and User shall not be entitled to make any claim against the Bank for deficiency in the services provided by the Corporate Customer.
- > The User shall not publish, display, upload or transmit any information prohibited under Rule 3(2) of the Information Technology (Intermediaries guidelines) Rules, 2011.
- > In case of non-compliance of the terms and conditions of usage by the User, the Bank has the right to immediately terminate the access or usage rights of the User to the computer resource of the Bank and remove the non-compliant information.

☒ I have read and accepted the terms and conditions stated above.

(Click Check Box to proceed for payment.)

Proceed



FOOD CORPORATION OF INDIA  
REGIONAL OFFICE, KAPA, RAIPUR-492001

Provide details of payment

Select Payment Category \*

-- Select Category --

-- Select Category --

APPLICATION FOR WATCH AND WARD

- Mandatory fields are marked with an asterisk (\*)
- The payment structure document if available will be processed.
- Date specified(if any) should be in the format of dd/mm/yyyy

**FOOD CORPORATION OF INDIA**  
REGIONAL OFFICE, KAPA, , RAIPUR-492001

## Provide details of payment

Select Payment Category *	APPLICATION FOR WATCH ▾
NAME OF APPLICANT *	CANDIDATE NAME
APPLICATION NUMBER *	110840
FATHERS NAME *	FATHER NAME
MOTHERS NAME *	MOTHER NAME
DATE OF BIRTH *	2/8/1999
MOBILE NUMBER *	1234567890
EMAIL ID	TEST@GMAIL.COM
APPLICATION FEE *	250 Fixed:Rs.250
Remarks	TEST

- PLEASE ENSURE TO ENTER CORRECT DETAILS AS FILLED IN APPLICATION FORM

Please enter your Name, Date of Birth (For Personal Banking) / Incorporation (For Corporate Banking) & Mobile Number. This is required to reprint your e-receipt / remittance(PAP) form, if the need arises.

Name *	CANDIDATE NAME
Date of Birth / Incorporation*	2/8/1999
Mobile Number *	1234567890
Enter the text as shown in the image *	73885 <div>73885</div>

[Submit](#) [Reset](#) [Back](#)

- Mandatory fields are marked with an asterisk (\*)
- The payment structure document if available will contain detailed instructions about the online payment process.
- Date specified(if any) should be in the format of 'ddmmyyyy'. Eg., 02082008

#### Net Banking



State Bank of India  
Bank Charges: Rs 11.8

[Click Here](#)



Other Banks Internet Banking  
Bank Charges: Rs 17.7

[Click Here](#)

#### Card Payments

This payment mode is not available between 23:30 hours IST and 00:30 hours IST



State Bank ATM-cum-Debit Card  
Bank Charges: Rs 11.8

[Click Here](#)



Other Banks Debit Cards  
Bank Charges: Rs 12.98

[Click Here](#)



Credit Cards  
Bank Charges: Rs 12.98

[Click Here](#)

#### Other Payments Modes



SBI Branch  
Bank Charges: Rs 59.0

[Click Here](#)




Buddy  
Bank Charges: Rs 5.9

[Click Here](#)

**Step 11) – Now Click on Preview to preview your form.**

Thu Aug 17 2017 | 6:29:02 PM IST



भारतीय खाद्य निगम

FOOD CORPORATION OF INDIA


Chhattisgarh Region

Go to the Login Page


Preview

Exit

Step 12) - Preview page will appear. Check all your details & Print your Application form by clicking on PRINT button below.




**भारतीय खाद्य निगम**  
**FOOD CORPORATION OF INDIA**


**Thu Aug 17 2017 | 6:29:55 PM IST**

**Chhattisgarh Region**

**APPLICATION FORM :**

**Personal Information**

Application No. :	109883			
Post Applied For/आवेदित पद:	WATCHMEN			
Date of Birth/ जन्मतिथि:	1994-05-03			
Candidate's Full Name/अभ्यर्थी का पूरा नाम:	CANDIDATE NAME			
Father's Full Name / पिता का पूरा नाम:	FATHER NAME			
Mother's Full Name/ माता का पूरा नाम:	MOTHER NAME			
Gender/ लिंग:	FEMALE			
NATIONALITY/ राष्ट्रियता:	INDIAN			
MINORITY / अल्पसंख्यक:	NOT APPLICABLE			
Aadhar Number/आधार क्रमांक:	123456789123			
WHETHER CANDIDATE EMPLOYED IN FOOD CORPORATION OF INDIA/क्या अभ्यर्थी भारतीय खाद्य निगम में कार्यरत है:	YES			
Category/ वर्ग:	UNRESERVED/अनारक्षित			
Ex-Serviceman/ भूतपूर्व सैनिक:	YES			
Service Period:	2	Service Month(s)	1	
Physical Disability 40% or more/40% या अधिक निःशक्तता:	YES			
Type of Disability:	HH			
Disability Certificate Registraion Number/Serial Number:	TEST123123			
Mobile Number/ मोबाइल नंबर:	12345690			
Email Id/ ई-मेल आईडी:	TEST@GMAIL.COM			
Permanent Address:	Address/पता: State/U.T./राज्य/संघ राज्य क्षेत्र: District/ज़िला: Tehsil/City/तहसील/शहर: Pincode/पिन कोड:	TEST ADDRESS MAHARASHTRA (MH) MUMBAI SUBURBAN MUMBAI 400104		
Current Address:	Address/पता: State/U.T./राज्य/संघ राज्य क्षेत्र: District/ज़िला: City/तहसील/शहर: Pincode/पिन कोड:	TEST ADDRESS MAHARASHTRA (MH) MUMBAI SUBURBAN MUMBAI 400104		
Exam City 1/परीक्षा शहर:	AMBIKAPUR			
Exam City 2/परीक्षा शहर:	BILASPUR			
Exam City 3/परीक्षा शहर:	DURG-BHILAI			

**Qualification Details**

Examination/इतिहास	Subject/विषय	Maximum Marks/ अधिकतम अंक	Obtained Marks/ प्राप्त अंक	Percentage/ प्रतिशत	Grade/Grade Value/ग्रेड/ग्रेड वैल्यू	Board/Institution/बोर्ड/ संस्थान/विश्वविद्यालय का नाम	Passing Year/ उत्तीर्ण वर्ष	Roll Number/रोल नंबर
8TH STD	ENGLISH	100	50	50	2ND DIVISION	MAHARASHTRA STATE BOARD	2004	1111111111
HIGH SCHOOL / EQUIVALENT	ENGLISH	100	50	50	2ND DIVISION	MAHARASHTRA STATE BOARD	2006	2222222222
INTERMEDIATE / EQUIVALENT	ENGLISH	100	50	50	2ND DIVISION	MAHARASHTRA STATE BOARD	2008	333333333
GRADUATION	ENGLISH	100	50	50	2ND DIVISION	MAHARASHTRA STATE BOARD	2012	4444444444

**Documents Upload Details:**

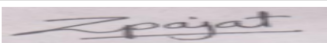
Category Proof:	NO
Ex Serviceman Certificate:	YES
Pwd Certificate:	YES

**Payment Status**

Fee Details	Transaction ID	Transaction Date	Status
NA	NA	NA	NA

**Declaration:**

I hereby declare that the information submitted by me is correct and true to the best of my knowledge. I shall be liable for any disciplinary/punitive action in case any of the details are found to be incorrect.



PRINT

EXIT