



COLLEGE OF COMMUNITY SCIENCE  
CENTRAL AGRICULTURAL UNIVERSITY  
SANGSANGGRE, TURA, MEGHALAYA – 794005  
Tele fax: 03651 – 232828, 233786  
E-mail: deanhomescience@gmail.com

**APPLICATION FORM FOR ADMISSION TO  
B.Sc. (Hons.) FOOD NUTRITION AND DIETETICS DEGREE PROGRAMME,  
2022-23**

2 copies of  
passport size  
photograph to be  
attached

(To be filled in by the  
office)

SL. No. of form:

Date of receipt:

**The filled in application form must reach the Dean, College of Community Science, Tura, Meghalaya on or before 10<sup>th</sup> August, 2022.**

1. Name of applicant in full (Block letters) : \_\_\_\_\_
2. Address (Block letters)
  - a) Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pin Code \_\_\_\_\_
  - b) Postal Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pin Code \_\_\_\_\_
  - c) Contact number : \_\_\_\_\_
  - d) Aardhar No. : \_\_\_\_\_
  - e) Email ID : \_\_\_\_\_
3. a) Father's name (Block letter) : \_\_\_\_\_  
b) Guardian's name (if father is no more) : \_\_\_\_\_  
b) Father's/Guardian's occupation : \_\_\_\_\_

4. (a) Date of birth : \_\_\_\_\_
- b) Place of birth : \_\_\_\_\_
- c) District : \_\_\_\_\_
- d) State : \_\_\_\_\_
- e) Country : \_\_\_\_\_

5. Are you being sponsored or recommended by any State Govt./ ICAR etc. \_\_\_\_\_
- a) If yes, name and address of the sponsoring/recommending authority

\_\_\_\_\_

6. a) Religion : \_\_\_\_\_
- b) Category (**GEN/SC/ST/OBC/PH/In-service**) : \_\_\_\_\_

7. Marital status (**Married/unmarried**) : \_\_\_\_\_

8. Academic particulars from Matriculation/HSLC onward

Examination passed	Name of the Board/ University	Year of passing	Division/ Class	% of Marks	Subjects offered

(Enclose attested copies of certificates, mark sheets, testimonials)

9. Declaration by the applicant

I do hereby declare that the particulars given in this application are true and complete and that I have not hidden any fact which may debar me from getting admission. If admitted, I shall abide by the Rules and Regulations of the College/Hostel/University and promise not to take part in any subversive of law and other.

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

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

Signature of the applicant

10. Declaration by **Parent/Guardian**:

I Shri/Smt. \_\_\_\_\_

father/guardian of \_\_\_\_\_

do hereby agree to bear the necessary expenditure for my daughter in connection with her study in the B.Sc.(Hons.) Food Nutrition and Dietetics degree programme at the College of Community Science, Central Agricultural University, Tura, Meghalaya.

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

Signature \_\_\_\_\_

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

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pin Code

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**Please Note** No application shall be considered:

- i) If not received within the specified date or not duly filled in or signed by the applicant and father or guardian, as the case may be.
  - ii) If attested copies of certificates/testimonials/mark sheets etc. do not accompany the application.
  - iii) If original certificate and other documents are not produced at the time of interview/examination/admission.
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## FOR OFFICE USE ONLY

Ms./Mrs. \_\_\_\_\_ has been interviewed by the Selection Committee and is selected for admission to B.Sc. (Hons.) Food Nutrition and Dietetics 4 years degree programme for the academic session 2022-23

Date \_\_\_\_\_

Dean  
College of Community Science  
Central Agricultural University  
Tura, Meghalaya

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## CERTIFICATE OF PHYSICAL FITNESS

I certify that I have medically examined Ms./Mrs. \_\_\_\_\_ daughter of Shri/Smt. \_\_\_\_\_ and found her physically fit to undergo hard manual work and strenuous studies. She has no physical defects which may hamper her in out-door field works.

Her	a) Height	:	_____
	b) Weight	:	_____
	c) Identification mark	:	_____
	d) Blood group	:	_____

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature of the Medical Officer  
with seal