



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

**APPLICATION FORM FOR ADMISSION TO  
B.Sc. (Hons.) FOOD NUTRITION & DIETETICS DEGREE PROGRAMME, 2025- 26**

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 **31<sup>st</sup> July 2025**

Fee Transaction ID and Date: \_\_\_\_\_

1. Name of applicant in full (Block letters) : \_\_\_\_\_
2. Gender (Male/ Female/Transgender) : \_\_\_\_\_
3. Address (Block letters)
  - a) Permanent Address : \_\_\_\_\_  
Pin Code \_\_\_\_\_
  - b) Mailing Address : \_\_\_\_\_  
Pin Code \_\_\_\_\_
  - c) Contact number : \_\_\_\_\_
  - d) Aadhar No. : \_\_\_\_\_
  - e) Email ID : \_\_\_\_\_
  - f) Bank Account No. & IFSC Code : \_\_\_\_\_
  - g) Blood Group : \_\_\_\_\_
4.
  - a) Father's name in full (Block Letters) : \_\_\_\_\_
  - b) Mother's Name in Full (Block Letters) : \_\_\_\_\_
  - c) Guardian's name (if father is no more) : \_\_\_\_\_
  - d) Father's/Guardian's occupation : \_\_\_\_\_
  - e) Parent's Contact Number : \_\_\_\_\_
5.
  - a) Date of birth : \_\_\_\_\_
  - b) Place of birth : \_\_\_\_\_
  - c) District : \_\_\_\_\_
  - d) State : \_\_\_\_\_
  - e) Country : \_\_\_\_\_

6. Are you being sponsored or recommended by any State Govt./ ICAR etc. \_\_\_\_\_

a) If yes, name and address of the sponsoring/recommending authority  
\_\_\_\_\_

7. Are you ward of employee of Central Agricultural University, Imphal

a) If yes, Father / Mother employed, Name of Campus, Designation at CAU  
\_\_\_\_\_

8. a) Religion : \_\_\_\_\_

b) Category (GEN/SC/ST/OBC/PH/In-service): \_\_\_\_\_

9. Marital status (Married/Unmarried) \_\_\_\_\_

10. 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)*

11. 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

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

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

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

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

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

Signature \_\_\_\_\_

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

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Pin Code

---

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.
-

## FOR OFFICE USE ONLY

Mr. /Ms./Mrs. \_\_\_\_\_

has been interviewed by the Selection Committee and is selected for admission to B.Sc. (Hons.) Food Nutrition and Dietetics degree programme of 4 – years course for the Academic Session 2025-26.

Date \_\_\_\_\_

Dean  
College of Community Science  
Central Agricultural University  
Tura, Meghalaya

---

## CERTIFICATE OF PHYSICAL FITNESS

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

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

Date \_\_\_\_\_

Place \_\_\_\_\_

Signature of the Medical Officer  
with seal