



**COLLEGE OF COMMUNITY SCIENCE
CENTRAL AGRICULTURAL UNIVERSITY, IMPHAL
SANGSANGRE, TURA – 794005; MEGHALAYA**

REGISTRATION FORM

Session: 2026 – 2027

Certificate Course in

(1) **Early Childhood Care and Education (Six Months)**

Tick here your
option

OR

(2) **Fashion Designing (One Year)**

Tick here your
option

A. Personal Information of the Candidate

1. Full Name (in BLOCK letters): _____

2. Date of Birth (DD/MM/YYYY): _____

3. Age (as on 1st August 2026): _____

4. Gender: Male Female Others

5. Nationality: _____

6. Category: General SC ST OBC

7. Domicile State: _____

8. Aadhaar Number: _____

9. Phone Number: _____

10. Email ID: _____

11. Permanent Address: _____

12. Temporary Address: _____

B. Educational Qualification

Examination Passed	Name of School/College	Board	Passing Year	Total Marks	Marks Obtained	Percentage
Class X						
Class XII						
Graduation (UG)						

C. Parental Information

1. Father's Name: _____
2. Phone Number of Father/Mother: _____
3. Mother's Name: _____
4. Occupation of Father: _____
5. Occupation of Mother: _____
6. Annual Family Income: _____
7. Address (if different from candidate): _____

D. Sponsorship Details

(Please tick one and fill accordingly)

Self-Financed

Sponsored by Government/Organization/Agency (attach proof)

Name of Sponsoring Authority (if applicable): _____

Contact Details of Sponsor: _____

Declarations

a. Student's Declaration:

I hereby declare that all the information furnished above is true and correct to the best of my knowledge and belief. I understand that my admission is liable to be cancelled if any information is found to be incorrect or misleading at any stage.

I further declare that:

1. I shall strictly abide by all the rules and regulations of the College and the University.
2. I shall maintain discipline, punctuality, and decorum throughout the course.
3. I shall not indulge in any act of misconduct, physical or verbal abuse, or harassment against any fellow student, staff, or faculty member.
4. I am fully aware that ragging in any form is strictly prohibited and is a punishable offence under the law. I solemnly affirm that I will not be involved, directly or indirectly, in any act of ragging and will immediately report any such incident to the appropriate authority.
5. I understand that any involvement in such acts may lead to disciplinary action, including expulsion from the course.

Date: _____

Place: _____

Signature of the Student: _____

b. Parent' s /Guardian' s Declaration:

I, Mr./Mrs. _____, parent/guardian of the above applicant, declare that I take full responsibility for the conduct of my son/daughter/others during the period of the course and shall abide by the rules and regulations of the College.

Date: _____

Place: _____

Signature of Parent/Guardian: _____

Enclosures (Self-attested copies of the following documents)

1. Aadhaar Card Copy
2. Class X & XII Pass Certificate
3. Class X & XII Mark sheet
4. Character Certificate from Last School Attended
5. Date of Birth / Age Certificate (Birth Certificate / Class-X Admit Card)
6. Passport-size Photographs (2 copies)
7. Sponsorship Letter (if applicable)
8. Identity Card/ Voter ID/ PAN card / Driving License / Passport

NOTE:

All original documents must be produced at the time of admission for verification. Incomplete applications will be rejected.