## GOVERNMENT OF MANIPUR DEPARTMENT OF HORTICULTURE & SOIL CONSERVATION MANIPUR

## **APPLICATION FORM**

APPLICATION FORM FOR SELECTION OF STATE NOMINEES FOR UNDERGOING 4-YEAR DEGREE COURSE OF B. Sc. (HONS) HORTICULTURE AT DIFFERENT COLLEGES OF CENTRAL AGRICULTURAL UNIVERSITY (CAU) & DR. Y.S. PARMAR UNIVERSITY OF HORTICULTURE AND FORESTRY, NAUNI, SOLAN, HIMACHAL PRADESH FOR THE ACADEMIC SESSION 2021-22.

Sl. No.

Place

Date

: .....

: .....

Name Of University/ Colleges

Preference No. (Please

indicate as 1,2, 3 & 4)

Recent Coloured passport

Signature of candidate

	1	College Of Horticulture & Forestry, CAU, Pasighat						size photo (self-attested)	
	2	College Of Hor						GIZO PITOLO (G	attostoa)
	3 College Of Horticulture, Thenzawl, CAU, Mizoram								
		Dr. Y.S. Parmai							
	4	Forestry, Nauni, Solan, Himachal Prade							
1.	Name	in full (Block Letter	:s)	:					
		`							
2.		Father's Name			•••••		•••••		•••••
3.	Mother's Name			:					
4.	Perma	nent Address							
				:	: District				
_					District		1 III- C	odc	••••••
5.	Addre	Address for Correspondence							
	•				DistrictPin- Code				
6.	Date o	of Birth (as per H.S.I	(C)	•					
7.	Nation		2.0)	:					
8.	Whether belong to SC/ST/OBC (Non-creamy) (If yes, furnish relevant Certificate)								
9.	Sex: Male/Female								
10.	Conta	ct details			2619 25 4		•		
					Mobile No. 1				
				F-mail:					
					E-IIIaII		•••••		
		c Qualifications:					T a		Т.
Sl.		Name of the Name of the			Name of the institution		Year of	Division	Aggregate
No :		Examination Council/Board		Board	last attended		passing	<u> </u>	Percent(%)
i.		SLC/Equivalent or Secondary Exam						1	
ii.	Highe	(10+2)							
		wise marks and perce						A	2 (0/)
Sl. 1 i.		Subjects		Marks Obtained		Total Ma	rks	Aggregate in Percent (%)	
		Physics Chemistr							
11. iii.		Biology/Inter- Agriculture							
111	•	Total	griculture						
12 0	7.10			. 1 1	1 1 / D1	1.	1		
		ested photo copies of	the document	s to be attacl	hed ( Please tio	ck)		WEG/	NO
1. ii.	i. Domicile Certificate						:	YES/ NO YES/ NO	
			ificate of H.S.L.C. (showing date of birth)					YES/ NO	
111 iv		Mark Sheet and Certificate of Higher Seconda ST/SC/OBC/PWD Certificate					:	YES/	
V.		Medical fitness certificate						YES/	
				44 05	L E CEDATE	CATION		122,	1.0
				14. <u>SE</u>	<u>LF-CERTIFI</u>	CATION			
I				Son/Daught	er of Shri/Smt.				
		(D.O.B		_					
Distri	ct	Ma	anipur, do here	by declare th	nat the informa	tion given abov	e and in the	enclosed docum	nents are true to
the be	est of m	y knowledge and beli	ef and nothing	has been con	cealed therein.	I am aware of t	he fact that if	the information	n given by me is
prove	d false/	not true, I will have	to face the cri	minal procee	edings as per p	rovision of sect	ion 177,193,	197,198 and 20	00 of the Indian
Penal	Code a	nd any other suitable	provisions of the	he law. Also,	all the benefits	availed by me	shall be sumr	narily withdrav	vn.