

**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) FOR THE ACADEMIC SESSION 2023-24.

Sl. No.	Name Of University/ Colleges	Preference No. (Please indicate as 1, 2, & 3)
1	College Of Horticulture & Forestry, CAU, Pasighat	
2	College Of Horticulture, Bermiok, CAU, Sikkim.	
3	College Of Horticulture, Thenzawl, CAU, Mizoram	

Recent Coloured
passport size photo
(self-attested)

1. Name in full (Block Letters) :
 2. Father's Name :
 3. Mother's Name :
 4. Permanent Address :
 - District..... Pin- Code
 5. Address for Correspondence :
 - District..... Pin- Code
 6. Date of Birth (as per H.S.L.C) :
 7. Nationality :
 8. Whether belong to SC/ST/OBC (Non-creamy)
(If yes, furnish relevant Certificate) :
 9. Sex: Male/Female :
 10. Contact details :
- Mobile No. 1. 2.
(*Please provide active mobile no. with whatsapp)
E-mail:

11. Academic Qualifications:

Sl. No	Name of the Examination	Name of the Council/Board	Name of the institution last attended	Year of passing	Division	Aggregate Percent (%)
i.	HSLC/Equivalent					
ii.	Higher Secondary Exam (10+2)					

12. Subject wise marks and percentage obtained in Common University Entrance Test (CUET(UG)-2023

Sl. No	Subjects	Marks Obtained	Total/Full Marks	NTA Score in P.C. (%)
i.	Physics			
ii.	Chemistry			
iii.	Biology/Inter- Agriculture			
Total				

15. Self attested photo copies of the documents to be attached: CUET(UG) score card, Domicile Certificate, Mark Sheet and Certificate of H.S.L.C. (showing date of birth), Mark Sheet and Certificate of Higher Secondary (10+2), ST/SC/OBC/PWD Certificate, Medical fitness certificate.

16. SELF-CERTIFICATION

I..... Son/Daughter of Shri/Smt.
Aged..... (D.O.B.....), Resident of.....
District..... Manipur, do hereby declare that the information given above and in the enclosed documents are true to the best of my knowledge and belief and nothing has been concealed therein. I am aware of the fact that if the information given by me is proved false/not true, I will have to face the criminal proceedings as per provision of section 177,193,197,198 and 200 of the Indian Penal Code and any other suitable provisions of the law. Also, all the benefits availed by me shall be summarily withdrawn.

Place :
Date :

Signature of candidate

Note: Application form must be submitted/uploaded along with details of payment proof/transaction ID, either online or in cash on payment of Rs. 500/- in respect of UR/OBC and Rs. 300/- for SC/ST/PwD into Account No. 20318459954, SBI, Porompat, IFSC-SBIN0011626 (Gpay no.-9856105514). Application shall not be processed without the proof of payment.