



LADY IRWIN COLLEGE
(University of Delhi)
Sikandara Road, New Delhi-110001
Session 2020 - 2021
Application Form For Admission to
PGD in Dietetics & Public Health Nutrition

Self Attested
Latest
Photograph

| | | | | | | | |
|------|----|----|-----|-----|-----|----------|--------|
| Gen. | SC | ST | OBC | PwD | EWS | Minority | Others |
|------|----|----|-----|-----|-----|----------|--------|

Regn. No. _____

1. Name In Block Letter _____

Day _____ Month _____ Year _____ Age as On 1st Oct. 2020 _____

2. Date of Birth _____ Years..... Months..... Days....

3. Nationality 4. State which do you belong

5. Caste: 6. Religion:

7. Father/Guardian's Name Mother's Name

8. Father's Occupation Mother's occupation

9. Tick Family Income ` (Yearly): [Less than 2 Lakh] [2-4 Lakh] [4-8 Lakh] [More than 8 Lakh]

10. Permanent Address:
..... Phone: Mobile:

11. State of Domicile: 12. Class XII Certificate issued from which state

13. College last attended: till when _____ Month Year

14. Last Examination Passed : Board/Univ..... Year of Passing..... Roll No.....

15. Do you belong to (Tick as applicable):

- (a) General SC ST OBC EWS Minority Sl.No. of Central OBC List
- (b) Ward/Widow of Defence/Para Military Personnel Yes/No.
- (c) Person with Disability (PWD) Yes/No., VH/OH/HI
- (d) University Employee Quota Yes/No.
- (e) Foreign NRI Student, if yes state country
- (f) If you belong to minority group, please specify. . . .

16. Student e-mail ID: Student Mobile:

17. Educational Qualifications:

| Examination Passed | Name of the University/ Board | Year of Exam | Roll No. | Aggregate Marks | | | Percentage |
|---|-------------------------------|--------------|----------|-----------------|------------|----------|------------|
| | | | | Obtained | Max. Marks | Division | |
| Secondary | | | | | | | |
| Sr. Secondary/I.S.C. | | | | | | | |
| B.Sc. Home Sc.** (Pass/Hons.)** | | | | | | | |
| B.Sc. Food Tech/Microbiology/Biochemistry/Nursing/ MBBS | | | | | | | |
| Any Other Exam. | | | | | | | |

ACKNOWLEDGEMENT SLIP PGD IN DIETETICS & PUBLIC HEALTH NUTRITION



Please Tick One

| | | | | | | | |
|-----|----|----|-----|-----|------|-----|-------------|
| Gen | SC | ST | OBC | EWS | CWAP | EWS | TransGender |
|-----|----|----|-----|-----|------|-----|-------------|

LADY IRWIN COLLEGE
(University of Delhi) Session 2020-21

Reg. No. _____

Application Received from (Students. Name) :

Address:

Father's Name:

Phone No.:

.....

.....

Mobile:

Self Attested
Latest
Photograph

Eligibility:

| Papers | Name of Paper in Marksheet | Please Tick | Total Mark Aggregate / Obtained |
|------------------------|----------------------------|-------------|---------------------------------|
| 1. Food Science | | | |
| 2. Normal Nutrition | | | |
| 3. Community Nutrition | | | |
| 4. Clinical Nutrition | | | |
| 5. Biochemistry | | | |
| 6. Physiology | | | |
| 7. Microbiology | | | |

Maximum Marks... ..Obtained Marks (Aggregate):%... ..

18. Aggregate marks obtained in the B.Sc. Home Sc. (Hons/Pass) / B.Sc. Food Tech. (Hons.)/B.Sc. Biochemistry/B.Sc. Microbiology/ B.Sc. Nursing/MBBS: **Maximum Marks**.....**Obtained Marks**:%.....

19. Academic distinctions, if any.
.....

I declare that the particulars given above are correct and I am applying for Admission. I understand that the Registration fee for the course is Non-refundable under any circumstance.

Date:

.....
Signature of Applicant

The following documents should be attached to the application:

1. Attested copy of the certificates of examination passed and statement of marks.
2. Attested copy of the date of birth certificate.
3. Certificate for reservation categories.
4. Migration Certificate/ Delhi University Enrollment No. at the time of Final Admission.

IMPORTANT NOTE: INCOMPLETE FORMS WILL NOT BE CONSIDERED. KINDLY ENSURE ALL COLUMNS ARE PROPERLY FILLED.

Last Date of Submission:2020

Time of Submission: 10:30 am to 1:30 pm.

Saturday closed