

#### **Institute of Home Economics**

University of Delhi Accredited 'A++' Grade by NAAC 'Star College Scheme' by DBT DST-FIST Awardee



# ADMISSION IN POST GRADUATE DIPLOMA IN DIETETICS AND PUBLIC HEALTH NUTRITION (PGDDPHN) 2025-2026

Date: 14.08.2025

### 2<sup>nd</sup> Merit List

The following candidates can take provisional admission to Post Graduate Diploma in Dietetics and Public Health Nutrition 2025-26 on payment of Rs 44,435/- via link provided by the college, Institute of Home Economics, University of Delhi.

| Document verification and approval for admission in physical mode: 18/08/2025, from 10.00 AM  |
|---|
| to 1.00 PM.   |
| Students are requested to visit the <b>Room No. 211, 2<sup>nd</sup> Floor, Block A,</b> Institute of Home Economics. University of Delhi. |
| Payment of fees: 19/08/2025 to 21/08/2025 (9:00am to 3.00pm).   |

#### **Note:**

- Admission is subject to fulfilling all eligibility criteria.
- Application form (Annexure attached below)
- Original certificates of class X, class XII, Provisional certificate of college last attended (B.Sc. degree).
- Mark sheets of all three years of B.Sc. Programme.
- Caste certificate (SC/ST/OBC/EWS), if applicable.
   (OBC certificate from central list and EWS certificate issued after 31 March, 2025 will be considered)
- Two Passport size photographs.
- One Photocopy set of all the documents as mentioned above (self-attested).
- Admission to PGDDPHN course may stand cancelled if any of the documents are not in order.

### **General Category**

| S.NO. | NAME             | FATHER'S NAME             |
|-------|------------------|---------------------------|
| 1     | Priyanshi Mishra | Mr. Suresh Chandra Mishra |
| 2     | Khushboo Negi    | Yaduvir Singh Negi        |
| 3     | Shubhanshi Singh | Devendra Kumar Singh      |

# **Please Note:**

- Students who have not cleared B.Sc. or their result is awaited will not be eligible for admission.
- Admission process will only be initiated after checking all original documents and eligibility conditions specified for the Programme.
- Students should pay fees through link. <u>Fee link will be provided through mail/message once the</u> document verification is done
- Admission is provisional subject to confirmation by the University Admission Committee.
- Students whose names appear in a previous merit list will not be given admission once the next merit list is announced.

• Applicants are advised to go through the National Commission for Allied and Healthcare Professions (NCAHP) Act (2021) for understanding the details of the professions with respect to this programme and to take an informed decision.



| Student ID<br>(For Office Use only)         |  |            |            |            | Form No           |                |
|---|--|------------|------------|------------|-------------------|----------------|
|   | ИICS   |            |            |            |                   |                |
| Delhi University Enrolı                     | ment No<br><u>APPLICATION</u><br>PG Diploma in Die | FORM F     | OR ADMISSI |            |                   |                |
| Name (in capital letter                     | ·)   |            |            |            |                   |                |
| Date of Birth                               | Mo   | obile No   |            |            |                   |                |
| Nationality                                 | Em   | nail :     |            |            |                   |                |
| Father's/Guardian's N                       | ame  |            |            |            |                   |                |
| Occupation                                  | Mobile No  | )          | [          | Email :    |                   |                |
| Mother's Name                               |  |            |            |            |                   |                |
| Occupation                                  |  |            |            |            |                   |                |
| Present Address                             |  |            |            |            |                   |                |
| Telephone Number: R                         | esi/Mobile No                                      |            |            | Office     |                   |                |
| Permanent Address                           |  |            |            |            |                   |                |
| Telephone Number                            |  |            |            |            |                   |                |
| College last attended v                     | with dates   |            |            |            |                   |                |
| University                                  |  |            |            |            |                   |                |
| Do you belong to SC/S                       |  |            |            |            |                   |                |
| (If, Yes, attach certification)             |  |            |            |            | 103/140           |                |
| EDUCATIONAL QUALIF                          | FICATIONS:   |            |            |            |                   |                |
| Examination                                 | Name of the  | Year       | Roll No    | Aggr       | egated of Mark    | S              |
| Passed                                      | Board/University                                   | of<br>Exam |            | Max. Marks | Marks<br>Obtained | Percent<br>age |
| Senior Secondary/<br>Equivalent examination |  |            |            |            |                   |                |
| BSc Home Science                            |  |            |            |            |                   |                |
| (Pass/Honours)/                             |  |            |            |            |                   |                |
| BSc (Hons.) Food Technology/                |  |            |            |            |                   |                |
| BSc Microbiology/                           |  |            |            |            |                   |                |
| BSc Biochemistry/                           |  |            |            |            |                   |                |
| BSc Nursing/MBBS                            |  |            |            |            |                   |                |
|   |  |            |            |            |                   |                |

Any other Exam

Details of marks in BSc Home Science (Pass/Hons.) BSc (Hons.) Food Technology/BSc Microbiology/BSc Biochemistry/BSc Nursing/MBBS. Mention the subjects according to the eligibility requirements.

|                                  | 1                 |                 |                                 |                   |                 |                 |
|----------------------------------|-------------------|-----------------|---------------------------------|-------------------|-----------------|-----------------|
| S. No.                           | Subject           | Year            | Marks                           |                   | Total           | % Total         |
|                                  |                   |                 | Max. Marks                      | Marks<br>Obtained |                 |                 |
|                                  |                   |                 |                                 |                   |                 |                 |
|                                  |                   |                 |                                 |                   |                 |                 |
|                                  |                   |                 |                                 |                   |                 |                 |
|                                  |                   |                 |                                 |                   |                 |                 |
|                                  |                   |                 |                                 |                   |                 |                 |
|                                  |                   |                 |                                 |                   |                 |                 |
| Mention acade                    | emic distinctio   | ns, if any      |                                 |                   |                 |                 |
|                                  |                   |                 |                                 |                   |                 |                 |
|                                  | •••••             |                 |                                 |                   |                 |                 |
| Mention distir                   |                   | s, if any       |                                 |                   |                 |                 |
|                                  |                   |                 |                                 |                   |                 |                 |
| I declare that to consent of par | -                 | given above a   | re correct and                  | I am applying     | for admission v | with the        |
| consent or par                   | ciri, gaarararii. |                 |                                 |                   |                 |                 |
|                                  |                   |                 |                                 |                   | Signature of    | f the applicant |
| Dated                            |                   |                 |                                 |                   |                 |                 |
|                                  |                   |                 |                                 |                   |                 |                 |
|                                  |                   |                 |                                 | e to pay all fe   | es in advance a | and to abide by |
| the terms and                    | regulation sta    | ted in the Pros | pectus.                         |                   |                 |                 |
|                                  |                   |                 |                                 |                   | Signature of    | the applicant   |
| Dated                            |                   |                 |                                 |                   |                 |                 |
|                                  |                   |                 |                                 |                   |                 |                 |
| Note: The foll  1. Self-at marks | tested copies     |                 | attached to the of having passe |                   | ation and state | ements of       |
|                                  | -                 | f Date of Birth | Certificate if no               | ot given in (1) a | above.          |                 |
| 3. Certifi                       | cate from the     | Principal of Co | llege last atten                | ded.              |                 |                 |
|                                  |                   | (FOR            | OFFICE USE (                    | ONLY)             |                 |                 |
|                                  |                   |                 | Adr                             | mission List N    | o               |                 |
|                                  |                   | А               | ggregate Mar                    | ks                |                 |                 |
| PGDDPHN                          |                   |                 |                                 |                   |                 |                 |
|                                  |                   |                 |                                 |                   |                 |                 |
| Checked by                       |                   |                 |                                 |                   |                 |                 |
| Dated                            |                   |                 |                                 | Dire              | ector           |                 |