

FRESH APPLICATION FORM FOR FREE STUDENTSHIP TO THE STUDENTS BELONGING TO THE SCHEDULED CASTES/TRIBES/AND OTHER BACKWARD CLASSES OF THE STATE OF MEGHALAYA FOR POST-MATRIC STUDENTS.

YEAR _____

(To be submitted to the Director of Public Instruction, Meghalaya Shillong through the Head of the Educational Institution concerned).

1. Name of the candidate in full (in block letters) _____
(Women candidate should indicated Miss or Mrs).
2. Place of birth including Police Station and District _____
3. Present Address _____
4. Age on 1st March of the year of Application _____
5. Are you a citizen of India? If so, how (Copy of citizenship certificate should be enclosed)

6. Community _____ Sub-Caste / Tribes _____
7. Particulars of Examination passed commencing from H.S.L.C Matriculation or any equivalent Examination.
(Attested copies of Mark-sheet and certificate to be attached)

Serial No.	Name of the Examination	University / Board	Year of passing	Class or Division	Percentage of marks secured
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8. Whether there is break of studies. If so, the year and reasons thereof to be state _____
9. Names and Address of the Institution where admission has been secured for the current academic year

10. Class in which admission was taken _____
11. Whether in Day/Night/Morning shift _____
12. Course of studies and number of year required for completion of the course

13. Whether you are in receipt of any Scholarship or financial assistance from the Government or any other source. If so, particulars to be given. _____
14. Whether you are employed in Government service or any Non-Government organization. If so, state the emoluments and particulars of the _____
15. (a) Father's name or Mother's name or Guardians _____
name (If parents are not alive)
- (b) Occupation _____
- (c) Address – Present _____
Permanent _____
16. Monthly income of Parents/ Guardian from all sources _____

I am an applicant for free studentship for studies in the course and Institution mentioned above and the facts stated above are true to the best of my knowledge and belief. In case on any false statement, I am liable to any action Government may deem fit and proper.

Signature of applicant

CERTIFICATE FROM THE HEAD OF THE INSTITUTION

The application is recommended / not recommended

Certificate that Shri / Shrimati _____ whose

particulars are given above has been admitted into the _____

_____ year/class in _____

course in Day / Night / Morning shift in this College which is affiliated to the _____

_____ University or recognized by _____

The student has to pay the following fees which are not reimbursed by State Government or from any other source.

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|--|----------|
| (a) Admission / Enrolment fees | Rs _____ |
| (b) Registration fees | Rs _____ |
| (c) Tuition fees | Rs _____ |
| (d) Games fees | Rs _____ |
| (e) Union fees | Rs _____ |
| (f) Library fees | Rs _____ |
| (g) Magazine fee | Rs _____ |
| (h) Science Laboratory fees for Science
subject with practical. | Rs _____ |
| (i) Medical Examination fees charged by the Institution | |
| (i) Charged by Institution | Rs _____ |
| (ii) Charged by the University | Rs _____ |

Total fees payable during 20 – 20 Rs _____

Signature of the Head of
Institution and Seal

FOR USE IN THE OFFICE OF THE DIRECTOR OF PUBLIC INSTRUCTION MEGHALAYA, SHILLONG

1. Total amount sanctioned during 20 – 20 Rs. _____

Checked by

Dealing Assistant

Deputy Director of Public Instruction
Meghalaya Shillong