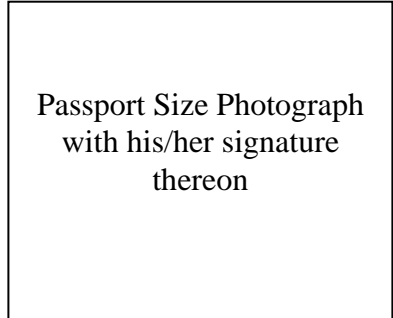


FRESH APPLICATION FORM

FOR POST MATRIC SCHOLARSHIP TO SCHEDULED TRIBES/SCHEDULED CASTES
STUDENTS OF MEGHALAYA DURING 200__ 200__.

To,

The Director of Higher & Technical Education
Meghalaya, Shillong



Through the (Head of Institution) _____

PART A

(TO BE FILLED BY THE APPLICANTS)

1. Name of the applicant (in block letter) _____
2. Date of Birth _____
3. Caste/Tribe _____ Community _____
Religion _____
4. Permanent Address in full _____
 - (i) Course of study for which the Scholarship is now desired

 - (ii) Authority who will award Degree/Diploma Certificate after completion of the Course

 - (iii) Subject taken for course of study _____
5. Whether the candidate was in receipt of Scholarship under this scheme or any Scheme in proceeding year 2000 - ___ Yes/No
If yes, please indicate: -
 - (a) Name of the Scholarship Scheme _____
 - (b) Course of study for which Scholarship was awarded _____
 - (c) Class, Year the Scholarship enjoyed last _____
Name of Institution in which the Scholarship was awarded _____
 - (d) Sanctioning No. and date _____
Allotted No. _____

6. (i) If the applicant pass the last University/Board/Annual Examination earlier than proceeding year, particular of how he/she occupied himself/herself after passing that examination.

What active during gap period given in details _____

That activities during gap period should be given in details _____

(ii) State if you have change Course of study without completion of the course of study.

(iii) Whether you have failed in the promotion examination Yes/No. if Yes indicate the number of time _____

7. Whether residing in the hostel of the Institute or in any approved Hostel _____
_____ Yes/no

(i) Father's name in full _____

(ii) Mother's name in full _____

(iii)Guardian's name in full (if both parents have died) _____

(iv)Name of Children of the parents applying for Scholarship:-

Name	Surname	Male/Female	Year, Class and Courses	Institution
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I/we hereby declare that I/We have read the regulations of the scheme and agree to abide by the terms and conditions of the award. I/We certify that the statement in the application are correct, and, if any of them is found to be false and incorrect by the authority whose decision will be final and binding on me/us. I/We undertake to refund to the said authority or demand the entire amount of Scholarship received by me/us or overpaid to me/us failing which the said authority may recover the amount from me/us through whatever means it deems proper.

(i) Signature of the applicant _____

(ii) (a) Signature/Left/Right hand thumb
impression of the parents/ guardian _____

(b) Full name in Block letters _____

(c) Relation to Student _____

INCOME CERTIFICATE

Certified that to the best of my knowledge the annual income from all sources in preceding year ending 31st March, 200__ of father/mother/guardian/husband of the student Shri/Smti/

_____ is Rs. _____

(Rupees _____)

Signature of the Issuing Authority

Full Name _____

Designation _____

Seal _____

To be certified by the employer incase of Government employee and by M.P/M.L.A/D.C/S.D.O Civil incase of others.

*** Certificates to be attached by the applicant:--

- (i) Attested copies of Mark Sheets and Certificates of all the Examination passed.
- (ii) Scheduled Tribes/Scheduled Castes Certificate issued by competent authority.
- (iii) Age Certificate from Matric or equivalent Admit Card.
- (iv) Hostel Certificate (applicable for hosteller only).

PART – B

(To be filled in by the Head of the Institution where the applicant is studying.

This application is to be forwarded after scrutiny for eligibility before the last date of submission).

- (i) Who statement made by the applicant in Part (A) are correct to the best of my knowledge.

All the certificate has been checked.

- (ii) The applicant is studying in _____ course in the institution. The minimum qualification for admission in this course is _____

- (iii) Exact date on which the applicant joined the Course/Class this year and his/her Class roll no. _____

- (iv) Likely date month and year on which the examination in the present session will be over including Practical Examination.) _____

- (v) Name of the nearest Branch of State Bank of India through which the payment of the Scholarship is desired should be state here _____

(vi) The student is required to pay the following fees during 200__ which are not reimbursed by the State Government or from any other sources.

- | | |
|---|-----------|
| (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 fees | Rs. _____ |
| (h) Science Lab fee for science(subject with practical) | Rs. _____ |
| (i) Medical examination fees charge by the _____ | Rs. _____ |
| (j) Examination fees: | |
| (i) Charged by Institution | Rs. _____ |
| (ii) Charged by the University | Rs. _____ |

Total Fees payable during 200__ 200__ Rs. _____

I undertake that the Scholarship amount in respect of the applicant if and when placed at my disposal will be disbursed by me. In case the applicant leave the Institution or otherwise discontinue the studies or accept any other regular scholarship/stipend, the Scholarship will be refunded in the Government account.

Remark by the Head of the Institution
Recommended/Not Recommended

No.

Place

Date

Signature of the Head of the
Institution with Seal

Name in Block Letter
OFFICE SEAL

**FOR USE IN THE OFFICE OF THE DIRECTOR OF HIGHER AND TECHNICAL
EDUCATION
MEGHALAYA : : : : SHILLONG**

In case the application is found to be incomplete, reason of objection:-

1. Total Amount of fee Rs. _____
2. Maintenance with effect from _____ to _____

Total of 1 and 2 Rs. _____

Amount passed for payment Rs. _____

(Rupees _____) Only

Checked by :

Dealing Assistant

Dy. Director of Higher and Technical Education,
Meghalaya, Shillong