APPLICATION FORM FOR MEGHALAYA TEACHER ELIGIBILITY TEST
(PRIMARY I –V)

Application Form No. _____

		VAM						/										
														П			recent pass	n: Paste your good sport size(3.5×4cm)
2.			ER'S	NIAN													two identic	n. Do not attest. Keep al photographs with in future stage. Write
2.	1	AIH	EK 5	NAN	4E												your name	and Form No. at the f the photograph
																		f the candidates should
3.	ľ	MOTH	HER'S	NA	ME	1											be within th ball pen	he box below in black
4.	Ľ		PESC	FOP						rito i	n con	ital lat	ters onl					
4.	Ι	1005	E99	FUK	COMIN	nor	NICA	nor	N (W	THE I	n cap	ntal let		y)				
Villa	ge :_										_To	wn :			 			
Distr	rict _										Po	lice Sta	ation		 			
Sub	Divis	ion_									B	lock			 			
Pin (Code	: [
Moh	ilo N	umba	-								т		4					
											I	Email io	1		 			_
Mob 5.			r F BIR								I	Email io	1		 			_
			F BIR				onth				I Year	Email i	1		 			_
			F BIR	TH								Email i	1		 			_
			F BIR	TH								Email i	i					_
5.	DA	TE O	F BIR	TH Date		Mo	onth			<u> </u>	Year							_
5.	DA CA	TE O TEG(F BIR	TH Date	C MAR	Mo K "	onth √' IN	BOX	(): S0	с <u></u>	Year	ST		BC	 PH	GEN		_
5. 6. 7.	DA CA GE	TE O TEG(NDEI	F BIR	TH Date TICk	K MAR 1ARK	Mo K '√']	onth √' IN	BOX	(): S0	с <u></u>	Year							_
5.	DA CA GE	TE O TEG(NDEI	F BIR	TH Date TICk	C MAR	Mo K '√']	onth √' IN	BOX	(): S0	с <u></u>	Year	ST				GEN	۷]
5. 6. 7.	DA CA GE FEI	TE O TEG(NDEI	F BIR	TH Date TICk	X MAR IARK ETAIL	Mo K '-′ ·√'] S:	onth √' IN	BOX	(): S0	C	Year	ST FEM4			 PH		۷] Name of the
5. 6. 7.	DA CA GE FEI	TE O TEGO NDEI E PAY	F BIR	TH Date TICk	X MAR IARK ETAIL	Mo K '-′ ·√'] S:	onth √' IN IN BC	BOX	(): S0	C	Year	ST FEM4			PH	GEN	۷]
5. 6. 7.	DA CA GE FEI	TE O TEGO NDEI E PAY	F BIR	TH Date TICk	X MAR IARK ETAIL	Mo K '-′ ·√'] S:	onth √' IN IN BC	BOX	(): S0	C	Year	ST FEM4			PH	GEN	۷] Name of the Bank and

Note: The Form Fee is to be deposited at the District Treasury Office in the following Head of Account "0202-Education, Sports and Arts and Culture-01-General Education-600-General-(01)-Examination fees" withindetailedestimatesofrevenuesandreceiptsVol-1,during2018-2019.

9. EDUCATIONAL QUALIFICATIONS:

Examination passed	Board/University	Subjects	Percentage of Marks	Year of Passing
Secondary School Leaving Certificate				
Higher Secondary School Leaving Certificate				
BA/BSc/B.Com				
Any Other (Specify)				

*Self Attested copies of all credentials to be attached along with the form

10. PROFESSIONAL QUALIFICATIONS:

Teacher Education	Board/University	Name and Address of College/Institution	Govt. /Private	Duration	Year of Passing
D.Ed/D.El.Ed					
B.Ed (One year)					
B.Ed (Two Years)					
BA/B.Sc.B.Ed (Four –year integrated)					
BA/B.Sc.B.Ed (Spl.Edu)					
B.El.Ed					
Any Other (Specify)					

*Self Attested copies of all documents to be attached along with the form

11. Language I :______ (Please fill according to the following code)

Code No.	List of Languages
01.	Khasi
02.	Garo
03.	Hindi
04.	Nepali
05.	Assamese
06.	Bengali

I hereby certify that the information provided in this application is complete and correct to the best of my knowledge and belief and has been filled in my own hand-writing. I have enclosed attested and legible copies of all the certificates and the Challan in original.

PLACE _____

(Signature of the Candidate)_____

DATE _____

Name (In Capital Letters)

Appl	ication	Form	No.	_
------	---------	------	-----	---

APPLICATION FORM FOR MEGHALAYATEACHER ELIGIBILITY TEST (UPPER PRIMARY VI –VIII)

1.	NAME (IN ENGLISH CAPITAL LETTERS)
----	-----------------------------------

2.	FATI	HER'	S NAI	ME														recent pass Photograph two identical for use in fut name and F	h: Paste your good sport size(3.5×4cm) . Do not attest. Keep photographs with you ure stage. Write your orm No. at the back the photograph
3.	MOT	HER	'S NA	ME														Signature of t be within th	the photograph the candidates should e box below in black ball pen
]			
4.	ADD	RES	S FOR	CO	MML	JNIC	ATI	ON	(Wr	ite iı	n cap	ital 1	etter	rs on	ly)				
	Village	:											_Тс	own	:				
	District _	-										_Po	lice	Statio	on_	 			
	Sub Div	ision											Bloc	:k					
	Pin Cod	e :																	
	Mobile	Num	ber										Ema	il id _		 			
5.	Mobile											- 	Ema	il id _.		 			
5.		DF B			Мо						/ear		Ema	il id _		 			
5.		DF B	IRTH									:	Ema	il id		 			
5.		DF B	IRTH										Ema	il id		 			
5.		DF B	IRTH Date		Mo	nth				Y		 ST [Ema		BC		•н [GEN	
	DATE (OF B	IRTH Date	K M.	Mo	nth '√' I	N BO	OX)	: SC	Y		ST [Ema] 0					
6.	DATE C	OF B	TICK N	K M.	Mo ARK K '√	nth '√' I	N BO	OX)	: SC	Y		ST [] 0					
6. 7. 8.	DATE C	OF B	IRTH Date (TIC: TICK MENT D	K M.	Mo ARK K '√ .ILS:	nth '√' I	N BO	OX)	: SC	Y		ST [FEM] 0 .e [Ē			

Note: The Form Fee is to be deposited at the District Treasury Office in the following Head of Account "0202-Education, Sports and Arts and Culture-01-General Education-600-General-(01)-Examination fees" within detailed estimates of revenues and receipts Vol-1, during 2018-2019.

9. EDUCATIONAL QUALIFICATIONS:

Examination passed	Board/University	Subjects	Percentage of Marks	Year of Passing
Secondary School				
Leaving Certificate				
Higher Secondary				
School Leaving				
Certificate				
BA/BSc/B.Com				
Any Other (Specify)				

*Self Attested copies of all documents to be attached along with the form

10. PROFESSIONAL QUALIFICATIONS:

Teacher Education	Board/ University	Name and Address of College/Institution	Govt. /Private	Duration	Year of Passing
D.Ed/D.El.Ed					
B.Ed (One year)					
B.Ed (Two Years)					
BA/B.Sc.B.Ed (Four –year integrated)					
BA/B.Sc.B.Ed (Spl.Edu)					
B.El.Ed					
Any Other (Specify)					

*Self Attested copies of all documents to be attached along with the form

11. Language I :______ (Please fill according to the following code)

Code No.	List of Languages
01.	Khasi
02.	Garo
03.	Hindi
04.	Nepali
05.	Assamese
06.	Bengali
07.	Mizo
08.	Urdu

12. **Optional Paper:** Mathematics & Science for Science and Mathematics Teachers

()	R	
`	-		

Social Studies for Arts Teachers

I hereby certify that information provided in this application is complete and correct to the best of my knowledge and belief and has been filled in my own hand-writing. I have enclosed attested and legible copies of all the certificates and the bank draft in original.

PLACE

(Signature of the Candidate)_____

DATE_____

Name (In Capital Letters)