GOVERNMENT OF MEGHALAYA DIRECTORATE OF HIGHER AND TECHNICAL EDUCATION SHILLONG

APPLICATION FORM FOR ADMISSION TO DIPLOMA COURSE AGAINST SEATS RESERVED BY DR. BHUPEN HAZARIKA REGIONAL GOVT. FILM AND TELEVISION INSTITUTE FOR THE ACADEMIC SESSION 2020-2021

PHOTOGRAPH-1 Paste passport size photograph in this space

(PLEASE REFER TO THE INSTRUCTION SHEET BEFORE FILLING UP THIS FORM)

Last date of submission of Application Form: 28.10.2020.

FOR OFFICE USE ONLY STUDENT CODE																			
1. Aggregate % of Marks: (HSSLC/Equivalent Examination)																			
Entered by:						Checked by:													
Date:					•••••	Date:													
1. NAME IN FULL (Block Letters):																			
(Please keep one box blank between two parts of your name)																			
2. FATHER'S NAME:					1	Ī	Ì		Ī	Ī		Ì	Î			ĺ	T	Ī	
3. MOTHER'S NAME:			$\frac{}{}$			<u> </u>		<u>. </u>		<u> </u>				$\frac{1}{1}$			<u> </u>		
4. LEGAL GUARDIAN'S NAME: (If Parent not alive)																			
5. SEX: 6. DATE OF BIRTH: DAY MONTH YEAR 7. AGE AS ON 1st JULY 2020: YEAR MONTH DAY																			
8. PERMANENT HOME ADDRESS:			<u> </u> 	<u> </u> 	<u> </u> 										<u> </u> 		<u> </u> 	<u> </u>	
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9. ADDRESS FOR COMMUNICATION:	<u> </u>		<u> </u>	<u> </u>	<u> </u>						<u> </u>			<u> </u> 		<u> </u>			
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DISTRICT:																			
STATE:																			
10. PHONE No. WITH STD CODE IF ANY: MOBILE No: MOBILE No:																			
11. WHETHER ST (K & J) ST (G) GEN SC OT																			

12.	DETAILS OF QUALIFYING EXAMI	NATION:						
'A'	NAME OF THE BOARD/COUNCIL:							
'B'	NAME OF THE SCHOOL/COLLEGE	Ε:						
'C'	H.S.S.L.C. EXAMINATION/EQUIVAL	LENT EXAMINATION:						
	Full Marks in the Examination:							
	Marks obtained in the Examination:							
	Division:							
	Percentage:							
	Year of Passing:							
13.	DISCIPLINE DESIRED (IN ORDER OF PREFERENCE PLEASE ENTER CODES AS PER INSTRUCTION SHEET)							
	SL.No. CODE OF THE I	<u>DISCIPLINES</u>						
	1.							
	2.							
	3.							
	4.							
	ereby declare that the statements mad und incorrect, my application is liable	de above are true to the best of my knowledge and belief. In case, the statements to be summarily rejected.						
		Signature of Applicant						
Date:	·	Name of Applicant						
Place	:							

INSTRUCTION SHEET

FOR THE FOLLOWING ENTRIES USE THE FOLLOWING CODES INDICATED BELOW:

SEX

M - MALEF - FEMALE

WHETHER ST (K&J)/ST (G)/SC/OTHERS

ST/K&J - ST (KHASI & JAINTIA)

ST/G - ST (GARO)

SC - SCHEDULED CASTE

GEN - GENERAL

OT - NEWLY RECOGNIZED TRIBES OF MEGHALAYA OTHER THAN KHASI, JAINTIA & GARO

NAME OF THE BOARD FOR QUALIFYING EXAMINATION:

01 - H.S.S.L.C.

02 - I.C.S.E.

03 - C.B.S.E.

04 - OTHERS

DISCIPLINE APPLIED FOR (Sl. '13' of Application Form):

ASE - Audiography and Sound Engineering.

MPP - Motion Picture Photography.

FVE - Film and Video Editing.

AAFT- Applied Acting (Film & TV).

CHECK LIST:

- 1. BIRTH CERTIFICATE.
- 2. ADMIT CARD, MARK SHEET ETC OF HSSLC OR EQUIVALENT EXAMINATION.
- 3. ST/SC CERTIFICATE IF APPLICABLE.
- 4. PERMANENT RESIDENT CERTIFICATE (PRC) IN CASE OF NON-TRIBAL.
- 5. 6 (SIX) PASSPORT SIZE PHOTOGRAPHS TO BE ATTESTED BY JOINT DIRECTOR OF HIGHER AND TECHNICAL EDUCATION (T), MEGHALAYA, SHILLONG.
- 6. TWO SETS OF APPLICATION FORMS SHOULD BE SUBMITTED ALONG WITH SELF ATTESTED COPIES OF ADMIT CARD, MARK SHEET ETC FOR EACH SET
- 7. THE SELECTED CANDIDATE MUST PRODUCE ALL ORIGINAL DOCUMENTS FOR VERIFICATION.
- 8. THERE WILL BE NO INTERVIEW.
