

RENEWAL APPLICATION FORM

FOR PRE MATRIC SCHOLARSHIP TO SCHEDULED CASTES STUDENTS OF MEGHALAYA
DURING 20__ 20__.

To,
The Director of Higher & Technical Education
Meghalaya, Shillong

One Passport Size
Photograph to be
affixed here
and one photo to be
attached with the
form.

Sir,
I was in receipt of a Scholarship under the above noted scholarships scheme last year for the study in class IX _____ (name of the institution) from Meghalaya Government and am studying this year in the _____ in the same institution.

I request that my scholarship may be renewed for the current year 20__ - 20__.

Yours faithfully,

(Signature of the applicant)

ANNUAL PROGRESS REPORT OF THE SCHOLAR FOR 20__ - 20__

1. Name of the Scholar (in block letters) _____
(Woman candidate should indicate Miss or Mrs).
2. (a) Scheduled Castes/ Scheduled Tribes _____
(b) Community _____
3. Name of the Institution/ _____
4. Name of Annual Promotion Examination passed in December 20__ _____
5. Class/Division Secured _____
6. Marks secured (attached copy of Mark sheet to be attached) _____
7. Percentage of marks _____
8. Total Marks secured(copy of Mark sheet to be attached) _____
9. Date of joining the present class X _____
10. Date in which the next annual Promotion Examination will be held _____
11. (a) whether the Scholar is residing in recognized hostel _____
(b) Date of joining the hostel (Certificate from the hostel Superintendent is to be attached) _____
12. Whether the scholar is in receipt of any other Scholarship/Stipend/Free-Studentship emolument. Etc., from any other sources. If so, the nature and amount of such scholarship (s) _____

TO BE FILLED BY THE HEAD OF THE INSTITUTION WHERE THE APPLICANT IS STUDYING

1. Character and conduct of the Scholar (General Review) _____
2. Percentage of classes by the Scholar _____

3. The Compulsory fees which are required to pay by the student for the current academic session 20__ - 20__ to the Institution or University, which are not refundable –

- (a) Tuition fees ₹. _____
(b) Games fees ₹. _____
(c) Union fees ₹. _____
(d) Library fees ₹. _____
(e) Magazine fees ₹. _____
(f) Medical Examination fees charged by the Institution. ₹. _____
(g) Examination fees – ₹. _____
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Total fees payable during 20__ - 20__ ₹. _____

4. **Details of Bank Account of students: (Personal Account/Joint Account)**

- (a) Name of the payee (as in the bank account) _____
(b) Name of the Bank: _____
(c) Bank branch(full Address) _____
(d) State _____ District _____ Pin _____
(e) Bank Account Number _____
(f) IFSC Code _____ Phone No. _____
(g) Aadhaar No. _____
(h) Whether Bank Account Seeded with Aadhaar- (Yes/No)

5. Recommendation of the Principal/Head of the Institution, etc., for the continuation of the Scholarship

Signature of the Head of the Institution

(Full Name in block letters)

OFFICE SEAL

For use in the Office of the Director of Higher & Technical Education, Meghalaya, Shillong,

1. Total amount of fees ₹. _____
2. Maintenance with effect from _____ to _____ 200__
(a) ₹. _____ P.M.
Total amount of 1 and 2= ₹. _____

Checked by

Dealing Assistant

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