

**APPLICATION FOR POST MATRIC SCHOLARSHIPS IN HINDI FOR THE STUDENTS
OF MEGHALAYA UNDER THE SCHEME OF GOVERNMENT OF INDIA**

200__ - 200__

I APPLICATION MUST BE SUBMITTED THROUGH THE HEAD OF THE INSTITUTION JOINED BY HIM/HER

II THE APPLICATION (SUBMITTED THROUGH THE HEAD OF THE INSTITUTION) SHOULD REACH THE OFFICE OF THE DIRECTOR OF HIGHER & TECHNICAL EDUCATION, MEGHALAYA, SHILLONG – 793001 WITHIN _____

*Attested
Passport Size
Photograph
To be
Pasted here*

III THE SCHOLARSHIP WILL BE AWARDED ONLY TO THOSE STUDENTS WHOSE MOTHER TONGUE IS NOT HINDI AND ARE STUDYING IN NON HINDI SPEAKING STATES.

1. Name of the applicant in full : Shri/Smti/Kum
(in Block Capital Letter)

(a) Present address in full : Village/Town P.O
District State

(b) Permanent Address in full : Village/Town P.O
(copy of PRC or ST/SC/OBC certificate to be enclosed) District State

(c) Exact date of birth in (in Christian era) :
(Certificate to be enclosed)

(d) Whether the applicant is employed : Yes / No

2. Father's name in full : Shri

(a) Present Address in full : Village/Town P.O
District State

(b) Permanent Address in full : Village/Town P.O
District State

(c) Profession stating designation (if any)
and address in full

3. Particulars of School/Colleges/Institution last attended: -

- (a) Name of the School/College last attended
- (b) Date of entry (with Class)
- (c) Date of Leaving

4. Did a candidate migrate or was transferred from one Institution to another within the prescribed course of study

If yes, please indicate: -

- (iv) Transferred from(School/College) with effect from and admitted in (School/College) with effect from
- (v) State the reason of migration or transfer from one Institution to another
- (vi) Did the transfer from one institution to another, is authorized by the Inspector of Schools or any competent Authority?

If yes, please furnish the Memo No. and date of the Orders under which the transfer is authorized by the Competent Authority:

.....
.....

5. Particulars of the last University/Board Examination:

- (a) Name of the examination passed
- (b) Year of passing
- (c) Name of the Institution from which appeared in the examination and passed.
- (d) Name of the University/Board which conducted the examination taken by the candidate.
- (e) Roll No. of candidate in the University/Board examination.
- (f) Total Marks for the examination

- (g) Total number of marks secured in the examination including excess marks over the pass marks in the optional papers.
 - (h) Division of class obtained in the examination.
 - (i) Percentage of marks obtained in the aggregate. (Attested copy of Marksheets is to be attached).
 - (j) Did a candidate pass the examination at (a) above in the FIRST ATTEMPT or in more than one attempt?
 - (k) Did a candidate appear and pass the examination at (a) above as a REGULAR CANDIDATE OR PRIVATE CANDIDATE?
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6. Whether the candidate is in received of any other scholarship (Yes or No)

If yes, please give details : -

(a) Name of the Scholarship Scheme

(b) Course of study for which the Scholarship is awarded.

(c) Year of award

(d) Sanctioning No. and date

7. Particulars of the Course undertaken: -

(a) Course of study undertaken

(b) Class in which studying this year

(c) Subject of the course of study taken
at (a) above.

8. Certify that the statement made by me in this form is correct.

I declared that in case I am selected for the scholarship, I shall devote my full time to the Course of study, and that I shall not receive any other scholarship from any other source.

Place

Date

.....
Full Signature of the Candidate

Enclosure: -

(4)

(5)

(6)

SCHEDULED TRIBE AND CITIZENSHIP CERTIFICATE

- Note: -
- (i) This certificate should be signed by either of the following:-
Deputy Commissioner/Addl. Deputy Commissioner/Sub-Divisional Officer (Civil)
(where the parent/Guardian is permanently residing)
 - (ii) This a very important document as the scholarship is awarded mainly on the basis of this certificate. The issuing authority is, therefore, advised to issue this certificate with due caution.

I Certify that to the best of my knowledge:-

(1) Shri / Kumari / Shrimati (name of the student).....
..... son/daughter/wife of Shri (name of
father/husband) A permanent resident of
..... Village/town
Mauza/Ward No P.S.
District State is a citizen of India.

OR

(2) Shri/Kumari/Shrimati.
(Name of the student) belongs to the tribe.....
and Sub-Tribe (if any)..... of the recognized Scheduled Tribes of Meghalaya.

His/her religion is

Place.....

Date

* Signature of the issuing authority.....

Full name in Capital letter.....

Designation

Address in full

** SEAL

* Stamped signature will not be accepted

** Certificate not bearing the seal of the issuing authority, if that be a gazetted officer, will not be accepted. Others may also affix seal, available.

JOINING REPORT

This is to certify that Shri/Smti/Kum _____
Son/daughter of Shri _____ has been granted admission
In this Institution for the _____ Course and has joined the
_____ Class with effect from _____

(vi) The duration of the Course which the student is studying in this Institution is _____
years and date of commencement of the academic session is _____

(vii) The subject of the Course of Study at (i) above taken by the Student _____

(viii) The Course of study in Degree/Diploma/Certificate/Trade Course (Cross out which is not
applicable).

(ix) The name of the nearest Branch of the State Bank of India or Government Treasury
through which the payment of Scholarship is desired _____

(x) The Designation and full address of the Head of the Institution to where the Scholarship
amount in respect of the student may be sent:

I also certified that this Institution is affiliated to the _____
_____ University/Board and is recognized by the Government of India/
State Government of _____

No. _____

Place _____

Signature of the Head of the Institution

Date _____

Name in Capital Letter _____

Address _____

SEAL OF THE INSTITUTION

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

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

Amount passed for payment Rs. _____

(Rupees _____)

Checked by:

Dealing Assistant

***Dy. Director of Higher and Technical Education
Meghalaya ::::: Shillong.***