

**APPLICATION FOR GOVERNMENT OF MEGHALAYA'S STATE MERIT
JUNIOR/SENIOR/POST-GRADUATE SCHOLARSHIP**

- I. APPLICATION MUST BE SUBMITTED THROUGH THE HEAD OF THE INSTITUTION JOINED BY HIS/HER
- II. THE APPLICATION (SUBMITTED THROUGH THE HEAD OF THE INSTITUTION) SHOULD REACH THE OFFICE OF THE DIRECTOR OF HIGHER AND TECHNICAL EDUCATION MEGHALAYA, SHILLONG WITHIN THE STIPULATED TIME.

Passport Size
Photograph to be
pasted here

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. _____

District _____ State _____

(c) Exact date of Birth(in Christian era) _____

1. 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 _____

2. If Father is not alive, the guardian's name Shri/Smti/Kum _____

in full

(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/Institutions 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 :--

(i) Transferred from _____ (School/Colleges)
with effect from _____ and admitted in _____
_____ (School/College) with effect from _____

(ii) State the reason of migration or transfer from one Institution to another _____

(iii) Did the transfer from one institution to another, is authorized by the Inspector of Schools
or any Competent Authority? _____

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

5. Particulars of the University/Board Examination:-

(a) Name of the last 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 the 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 or class obtained in the
examination _____
- (i) Percentage of marks obtained in 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. _____

6. Whether the candidate is in receipt 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 _____

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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 _____

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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 _____

Signature of the Candidate

Enclosures:--

(1) _____

(2) _____

(3) & _____

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 _____

- (i) The duration of the Course which the student is studying in this Institution is _____
years and the date of commencement of the academic session is from _____
- (ii) The subject of the Course of study at (i) above taken by the student _____

- (iii) The course of study in Degree Diploma/Certificate/Trade course/Professional Course Cross
out which is not applicable)
- (iv) The name of the nearest branch of State Bank of India or Government Treasury through which
the payment of scholarship is desired _____

- (v) The Designation full address of the Institution 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 Indian
State Government of _____

No _____

Place _____

Date _____

Signature of the Head of the Institution

Name in Capital Letter _____

Address _____

Seal _____

**FOR USE IN THE OFFICE OF THE DIRECTOR OF PUBLIC INSTRUCTION, MEGHALAYA,
SHILLONG.**

I. Total amount sanctioned during 200__ 200__

Checked by

Dealing Assistant

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

**APPLICATION FORM FOR POST GRADUATE RESEARCH SCHOLARSHIP FOR
200_____**

1. Name of candidate Shri/Smti (in block letter) _____

2. Bonafied native of which District _____
3. Home Address in full _____
4. Present Address _____
5. If He/She is an employee, if so the particulars:-
 - (a) Designation: _____
 - (b) Employer:- _____
 - (c) Whether He/She will be released _____

6. Particulars of Academicals Examination passed	Name of Examination	Class or Division	P.C. of Marks secured	Year of passing	Name of Board or University	Remarks
(a) School examination						
(b) Pre-University Examination						
(c) Degree Examination						
(d) Master Degree Examination						
(e) Any other Examination --						

7. Subject for Research _____
8. The Name of the Guide _____
9. Date of joining the Research Course _____
10. Name of the University or Institution for Research _____

11. Duration of the Research Course _____

Signature of the applicant

Signature of the guide with his
Designation & Recommendation.

Countersignature of the Head of the
Institution with Official Seal and date.

- (a) All particulars must be supported by attested copies of certificate or mark-sheets.
- (b) In case on the candidate now in employment a certificate from the employer to the effect that he/she will be released from his/her duties for availing the Scholarship for Research if selected.
- (c) A certificate from the Deputy Commissioner of the District concerned to the effect that the candidate is bonafide resident of Meghalaya.
- (d) A certificate from the Guide Countersigned by the head of the University or Institution as to the suitability and progress of the candidate in research work.
- (e) The selected candidate will have to execute a bond before awarded of the scholarship to the effect that the entire amount shall be refunded if he/she discontinues or cannot complete the Research Works/Study/ during the tenure of the Scholarship or violates any term or condition of the award.

Father's Name _____

Home Address _____

Post Office _____

P.S _____

Nationality _____

District _____

Particulars of the University where research studies have been undertaken;

Name of the University _____

Department _____

Course _____

Subject/Topic of the research studies _____

Name and Designation of the guide _____

Duration of the course _____

Date of joining _____

(Certificate from the Guide with recommendation of the Head of the Department should be enclosed)

FORM OF BOND

Know all men by these present that I (student) _____ daughter/son of

_____ resident _____

Village _____ P.O _____ District _____

and present address Vill/Town _____ District _____

Do hereby agree for myself, my heirs, executor and administrator to carry out and perform following terms and condition that is to say

1. The said (student) _____

hereby of his own free will and consent testifies by the execution by him of these presents, agrees with and to the Government of Meghalaya and his successors in office and assign that he, the said (student) _____ shall well and faithfully undertake his study in (subject or subjects) _____

_____ at the _____ where he has been awarded a scholarship by the Government of Meghalaya.

2. The said (student) _____ while prosecuting

his studies in the said Institution _____ abide by the rules or orders laid down or given by the authorities of the institution for the conduct of its students and shall complete the course of the satisfaction of the authorities of the institution and to that of the Government of Meghalaya.

3. The said (student) _____ shall after

completing the course for which scholarship will be awarded and if so required by the State Government of Meghalaya to serve the Government of Meghalaya within the state for a period of not less than 3(three) years and during the whole of such period diligently and efficiently do all acts and discharge his duties which may be required to be done by him as an employee.

4. The Government of Meghalaya shall pay the said (student) and Scholarship @ Rs. _____

Rupees. _____) only for a period of 3 years or for completion of the course which ever is earlier.

5. The said (student) _____ shall have to refund the

Government of Meghalaya his successors in office and assign the total amount of the Scholarship paid by Government of Meghalaya in the vent of negligence failure to complete the studies idleness, insubordination or misconduct, refusal to take up service under the Government of Meghalaya or under the Aided Schools authorities concerned if any when offered by the Government of Meghalaya of Leaving it before the expiry of 3(three) years or while in service Breach of the condition here in above convened or the part of the said (student).

Signature of the student _____

Signed and delivered by the said student in the presence of:

(Name in full)

i. _____

and ii. _____ on the _____

Signature in full of the two officers with the undersignation:

(1) _____ on the _____

Address _____ day of _____

(2) _____ on the _____

Address _____ day of _____