FRESH APPLICATION FORM FOR FREE STUDENTSHP TO THE STUDENTS BELONGING TO THE SCHEDULED CASTES/TRIBES/AND OTHER BACKWARD CLASSES OF THE STATE OF MEGHALAYA FOR POST-MATRIC STUDENTS.

YEAR______________________________

(To be submitted to the Director of Public Instruction, Meghalaya Shillong through the Head of the Educational Institution concerned).

1. Name of the candidate in full (in block letters)_________________________________________________
   (Women candidate should indicated Miss or Mrs).

2. Place of birth including Police Station and District____________________________________________

3. Present Address___________________________________________________________

4. Age on 1\textsuperscript{st} March of the year of Application______________________________________

5. Are you a citizen of India? If so, how (Copy of citizenship certificate should be enclosed)
   ______________________________________________________________________________________

6. Community _____________________________________Sub-Caste / Tribes_________________________

7. Particulars of Examination passed commencing from H.S.L.C Matriculation or any equivalent Examination.
   (Attested copies of Mark-sheet and certificate to be attached)
   ______________________________________________________________________________________

<table>
<thead>
<tr>
<th>Serial No.</th>
<th>Name of the Examination</th>
<th>University / Board</th>
<th>Year of passing</th>
<th>Class or Division</th>
<th>Percentage of marks secured</th>
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</table>

8. Whether there is break of studies. If so, the year and reasons thereof to be state__________________

9. Names and Address of the Institution where admission has been secured for the current academic year
   ______________________________________________________________________________________

10. Class in which admission was taken________________________________________________________

11. Whether in Day/Night/Morning shift________________________________________________________

12. Course of studies and number of year required for completion of the course
    ______________________________________________________________________________________
13. Whether you are in receipt of any Scholarship or financial assistance from the Government or any other source. If so, particulars to be given._________________________________________________________________________

14. Whether you are employed in Government service or any Non-Government organization. If so, state the emoluments and particulars of the ____________________________________________________________________

15. (a) Father’s name or Mother’s name or Guardians__________________________________________________________________________________
    name (If parents are not alive)
(b) Occupation
(c) Address – Present_________________________________________________________________________________________________________
    Permanent_________________________________________________________________________________________________

16. Monthly income of Parents/ Guardian from all sources______________________________________________________________

I am an applicant for free studentship for studies in the course and Institution mentioned above and the facts stated above are true to the best of my knowledge and belief. In case on any false statement, I am liable to any action Government may deem fit and proper.

________________________________________________________________________

Signature of applicant
CERTIFICATE FROM THE HEAD OF THE INSTITUTION

The application is recommended / not recommended

Certificate that Shri / Shrimati ________________________________________________ whose particulars are given above has been admitted into the __________________________________________________

_______________________________________ year/class in __________________________________________

course in Day / Night / Morning shift in this College which is affiliated to the _____________________________
_____________________________________ University or recognized by _______________________________

The student has to pay the following fees which are not reimbursed by State Government or from any other source.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Admission / Enrolment fees</td>
<td>Rs ______</td>
</tr>
<tr>
<td>(b) Registration fees</td>
<td>Rs ______</td>
</tr>
<tr>
<td>(c) Tuition fees</td>
<td>Rs ______</td>
</tr>
<tr>
<td>(d) Games fees</td>
<td>Rs ______</td>
</tr>
<tr>
<td>(e) Union fees</td>
<td>Rs ______</td>
</tr>
<tr>
<td>(f) Library fees</td>
<td>Rs ______</td>
</tr>
<tr>
<td>(g) Magazine fee</td>
<td>Rs ______</td>
</tr>
<tr>
<td>(h) Science Laboratory fees for Science subject</td>
<td>Rs ______</td>
</tr>
<tr>
<td>with practical.</td>
<td></td>
</tr>
<tr>
<td>(i) Medical Examination fees charged by the Institution</td>
<td></td>
</tr>
<tr>
<td>(i) Charged by Institution</td>
<td>Rs ______</td>
</tr>
<tr>
<td>(ii) Charged by the University</td>
<td>Rs ______</td>
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</tbody>
</table>

Total fees payable during 20 – 20 Rs

Signature of the Head of Institution and Seal

FOR USE IN THE OFFICE OF THE DIRECTOR OF PUBLIC INSTRUCTION

MEGHALAYA, SHILLONG

1. Total amount sanctioned during 20 – 20 Rs.

Checked by

_________________________________________    Deputy Director of Public Instruction
Dealing Assistant       Meghalaya Shillong