GOVERNMENT OF MEGHALAYA APPLICATION FORM FOR CERTIFICATE FOR RECRUITMENT INTO ARMED/PARAMILITARY/POLICE FORCES UNDER eDISTRICT MMP FOR FC/PFC/CSC etc. (Please use CAPITAL letters to fill in the application form)

Photograph

A.	App	olicant Details:
	1.	Name of the Office to whom application is made:
	2.	Applicant's Name in Full: *(Shri/ Smti/Kumari)
		(First Name) (Middle Name) (Last Name)
	3.	(First Name) (Middle Name) (Last Name) Alias (if any):
		Gender *: Male Female Others
	5.	Date of Birth *: (dd/mm/yyyy)
		Place of Birth :
		Whether staying in Rented House?* Yes No (if yes)7.b.Name of House Owner:
		Mobile No. *:
		E-mail:
	10.	EPIC No. : 11. Aadhaar Number :
	12.	Highest Educational Qualification with name of the Institution*:
	4.0	Community of the Applicant*: SC ST OBC General
		Name of Community(if SC/ST/OBC)*
		Present Occupation: Student Govt. Servant Non. Govt. Servant Business unemployed
	14.	If Govt. Servant or non-Govt. Servant) Name of Organization Designation Place of Posting
		Are either of your parent Government servant?* No
		If Yes Attach government servant proof of parents)
В. Р	Prese	nt Address :
		State *: 17. District *:
		Village/ Town*: 19. Locality *:
		Sub-Locality : 20. Nearest Landmark :
		Post Office*: 23. Police Station/ Outpost *:
		Pin code:
C.		rmanent Address: Same as above Yes
		State *:
		Sub-Locality:30. Nearest Landmark:
		Post Office*: 32 Police Station/Outpost *:
		Pin code:
D.		e and Address of first residence in Meghalaya:
		District *:35. Village/Town*:
		Locality *:37.Date of first residence in Meghalaya *:(dd/mm/yyyy)
		Have you migrated to this State from other State? Yes No Fill serial No. 39-41 if you have selected Yes in Serial No. 38)
		State Migrated From*:40. District Migrated From *:
		Date of Migration *: (dd/mm/yyyy)
_		ents/Guardian Details:
С.		Father's Name in Full(Shri/Lt./Dr.) *:
		Father's Occupation *:
		Father's Nationality *:
		Mother's Name in Full (Smt./Lt./Dr.)*:
		Mother's Occupation*:
		Mother's Nationality *:
		Guardian Name in Full (Shri/Smt./Mrs./Dr.):
	46.	Self/Parent's/Guardian's EPIC NO:

F. Declaration: I do hereby declare that the statements made above are true to the best of my knowledge and belief. If these statements are found to be misrepresented or suppressed or the statement found falsely stated, I shall be liable to be prosecuted and legal action can be taken against me. Date: Place: Signature of the Applicant 1. All columns marked with * are mandatory fields and must be filled in 2. Please refer the checklist for documents to be enclosed along with application form For Office Use: Checks before accepting the application:- 1. All mandatory fields are filled in properly 2. Signature of applicant & date of submission is mentioned Verified & Accepted by: Date: CSC/PFC Token No: Signature of Receiving Assistant Mandatory Enclosures for Certificate for Recruitment into Armed/Paramilitary/Police Force: 1. Coloured Passport Size photographs 2. Birth Certificate/SSLC Admit Card 3. Any One of Residential Proof (Ration Card/Land Documents/EPIC/Electricity Bill/Telephone Bill/Any Government Certificate) 4. Proof of Migration (If Applicable) 5. Certificate of all institutions where studied inside Meghalaya 6. Supporting documents to indicate why certificate is required. 7. Certificate from Appointing/Controlling Officer (Applicable only for those applicants whose either parent is a Government Servant. It has to be submitted in below format) 8. Either of Father's /Mother's /Guardian's EPIC no is Mandatory *******

(For Applicants whose either parents is Government Employee) FORMAT OF CERTIFICATE FROM THE APPOINTING /CONTROLLING OFFICER

To Whom it may Concern

No:	Date
This is to certify that shri/smti	aged years, son/daughter of
is a regular employee of this Depar	rtment/Directorate/Office since
He/She is working aswhich	h is a sanctioned post.
Date:	Name:
Place:	Designation:
	Phone No:
Seal:	Mobile No:

GOVERNMENT OF MEGHALAYA Acknowledgement Receipt from PFC/CSC Operator in eDISTRICT MMP

Service Applied for: Certificate for Recruitment into Armed/paramilitary/Po	lice Force
Name of Applicant:	
CSC/PFC Token No:	
CSC/PFC Location:	
Signature of Receiving Person	Date of form submission