

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

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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) \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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:  
\_\_\_\_\_  
\_\_\_\_\_

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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

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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 \_\_\_\_\_