



**MEGHALAYA BUILDING & OTHER CONSTRUCTION WORKERS  
WELFARE BOARD :: LOWER LACHUMIERE:: SHILLONG  
Ph No.: 0364 2501224; Email : mbocwwb@ gmail.com**

**FORM NO. XLII**

**(See Rule 285)**

**APPLICATION FOR CASH AWARD**

1. Name of the Examination passed: \_\_\_\_\_
2. (a) Name of the Student: \_\_\_\_\_  
(b) Address of the Student: \_\_\_\_\_  
\_\_\_\_\_
3. (a) Name of the School: \_\_\_\_\_  
(b) Address of the School: \_\_\_\_\_  
\_\_\_\_\_  
(c) Year of Study: \_\_\_\_\_  
(d) Month of Passing of Exam: \_\_\_\_\_ (e) Year of Passing of Exam: \_\_\_\_\_  
(f) Registration Number in the School: \_\_\_\_\_
4. (a) Date of Birth: \_\_\_\_\_ (b) Age: \_\_\_\_\_
5. Whether ST/SC: \_\_\_\_\_
6. Marks obtained in the Examination
  - a. Subject taken: \_\_\_\_\_  
\_\_\_\_\_
  - b. Marks obtained: \_\_\_\_\_
  - c. Maximum Marks: \_\_\_\_\_
7. (a) Parent's Name(Father/Mother) who is in enrolled in M.B.O.C.W.W.B. : \_\_\_\_\_  
\_\_\_\_\_  
(b) Parent's Address: \_\_\_\_\_  
\_\_\_\_\_  
(c) Registration No. in the M.B.O.C.W.W.B.: \_\_\_\_\_
8. Date of the first Payment of the 1<sup>st</sup> Subscription: \_\_\_\_\_

**DECLARATION**

**I hereby declare that the above statements are true and correct to the best of my knowledge and belief**

**Place:**

**Date:**

**Signature of the Student**

**Affidavit of the Parent**

**I,**

.....  
.....

**(Name & Address) am a member of MEGHALAYA BUILDING AND OTHER CONSTRUCTION  
WORKER'S WELFARE BOARD and my Registration No. is .....**

**Shri/Smti \_\_\_\_\_**

**is my son/daughter. The facts mentioned in the application are true, if they are found to be not  
true later, all the money received from the board in this account will be remitted back. I hereby  
agree that the decision taken by the Secretary in this regard will be final.**

**Place:**

**Date:**

**Signature of the Parent**

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**Documents to be attached along with this filled form:**