



**MEGHALAYA BUILDING & OTHER CONSTRUCTION WORKERS  
WELFARE BOARD :: LOWER LACHUMIERE:: SHILLONG**  
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**FRESH APPLICATION FORM**

**APPLICATION FOR THE POST MATRIC SCHOLARSHIP UNDER MEGHALAYA BUILDING  
AND OTHER CONSTRUCTION WORKERS' WELFARE BOARD**  
**20\_\_ - 20\_\_**

**Important note:**

Late, Incomplete or Defective Application will be immediately rejected.

1. Name of the Candidate: \_\_\_\_\_  
(in block Capital Letters. Woman candidate should indicate whether Miss or Mrs.)
2. Name of the Institution where the Student is Studying: (20\_\_ - 20\_\_)  
\_\_\_\_\_
3. (a). Class in which he/she is reading during the current academic session: (20\_\_ - 20\_\_) \_\_\_\_\_  
(b). Roll No. : \_\_\_\_\_ (c). Shift(Day/Night): \_\_\_\_\_
4. (a). Course of Study Undertaken: \_\_\_\_\_ (b). Date of Joining: \_\_\_\_\_
5. (a). Whether belongs to SC/ST/O.B.C./Others(Please Specify): \_\_\_\_\_  
(b). Community: \_\_\_\_\_ (c). Sub-caste(if any): \_\_\_\_\_
6. Results of the Last University/Board/Annual Examination:  
(a). Name of the Examination taken: \_\_\_\_\_  
(b). Name of the Institution from which appeared and passed:  
\_\_\_\_\_  
(c). Year Of Passing: \_\_\_\_\_ (d). Division: \_\_\_\_\_ (e). Total Marks: \_\_\_\_\_ (f). Percentage: \_\_\_\_\_.
7. Date of Birth(in Christian Era according to Matric or equivalent Certificate): \_\_\_\_\_.
8. (a). Father's Name: \_\_\_\_\_  
(b). Mother's Name: \_\_\_\_\_  
(c). Guardian's Name: \_\_\_\_\_  
(\*in case where both mother & father have died)
9. Number of Children of the same parents/guardian who have already received/receiving and applying scholarship under the Scheme. All the names including applicant should be mentioned clearly in the proforma below:

Sl. No.	Name	Age	Year	Class	Course	Name of the Institution

**I/We hereby declare that I/We have read the regulations of the Scheme and agree to abide by the terms and conditions of the award. I/We certify that the statements made in the application are correct and if any of them is found to be false and incorrect by the Authority whose decision will be final and binding on me/us. I/We undertake to refund to the said authority on demand the entire amount of scholarship received by me/us or overpaid to me/us failing which The said authority may recover the amount from me/us through whatever means it deems proper.**

(i). Signature of the applicant: \_\_\_\_\_

(ii). (a) Signature/Left/Right Hand Thumbs Impression of the Parent/Guardian. \_\_\_\_\_

Place:

(b). Full Name in Capital Letters: \_\_\_\_\_

Date:

(c). Relationship to Student: \_\_\_\_\_.

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**Documents expected to be attached together with this filled Form:**

1. One copy of the application for scholarship in the prescribed form duly signed by the candidate, the parents, the Principal of the Institution attended and forwarded by the employer.
2. Two copies of passport sized photograph with signature of candidate thereon.
3. One attested copy each of relevant certificates in respect to examination passed.
4. Annual Course Fee of the applicant from the School Concern.
5. Attested copy of the Constitution workers' registration card of the parent/guardian.
6. A receipt in acknowledge of the scholarship in the previous year on the form attached to the application only duly countersigned by the employer if the candidate was in receipt of a scholarship under this Scheme in the preceding year.
7. Clearance Certificate by the Head of the Institution.
8. Verification/Information Certificate by the Head of the Institution.