



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

=====

FORM NO. XLIV

(See Rule 288)

APPLICATION FOR EDUCATIONAL SCHOLARSHIP

1. (a) Name of the Course: _____
(b) Year of the Course: _____
(c) Date of Admission to the course: _____

2. (a) Name of the Student: _____
(b) Gender (Male/Female/Others): _____
(c) Category (ST/SC): _____
(d) Date of Birth: _____ (e) Age: _____
(f) Present Address of the Student:

- (g) Permanent Address of the Student:

3. (a) Name of the College: _____

- (b) College affiliation (University/Board): _____

4. Details of the Qualifying Examination Passed:

| Sl. No | Name of the Affiliated University (BOARD/State) | Month & Year Passing | Marks scored | Maximum Marks | Subjects Taken | Percentage |
|--------|---|----------------------|--------------|---------------|----------------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

5. (a) Name of parent of the Applicant:

(b) Registration No. of the Parent: _____

(c) Date of Payment of the First Subscription: _____

(d) Date of Payment of the Last Subscription: _____

(e) No. of Installments paid: _____

(f) Total Subscription paid: _____

(g) Permanent Address of the Parent:

(h) Has the member been received the scholarship. If so, period of revival (Yes/No): _____

DECLARATION

The facts mentioned above are true to my knowledge. If selected for the scholarship, I promise that I will abide by the condition stipulated in the scheme.

Place:

Date:

Name & Signature of the Student

.....

Documents to be attached along with this filled form: