

## RENEWAL APPLICATION FORM

### FOR POST MATRIC SCHOLARSHIP TO SCHEDULED TRIBES/SCHEDULED CASTES STUDENTS OF MEGHALAYA DURING 200\_\_ 200\_\_.

To,

The Director of Higher & Technical Education  
Meghalaya, Shillong

Sir,

I was in receipt of a Scholarship under the above noted scholarships scheme last year for the study of \_\_\_\_\_ ( Course of study and class) at \_\_\_\_\_ (name of the institution) from Meghalaya Government and am studying this year in the \_\_\_\_\_ of that continuous course in that institution.

I request that my scholarship may be renewed for the current year 200\_\_ - 20\_\_

Yours faithfully,

\_\_\_\_\_  
(Signature of the applicant)

### ANNUAL PROGRESS REPORT OF THE SCHOLAR FOR 200\_\_ - 20\_\_

1. Name of the Scholar (in block letters) \_\_\_\_\_  
(Woman candidate should indicate Miss or Mrs).
2. (a) Scheduled Castes/ Scheduled Tribes \_\_\_\_\_  
(b) Community \_\_\_\_\_ Religion \_\_\_\_\_
3. Whether the scholar is employed or not employed \_\_\_\_\_
4. Name of the University/Institution/College \_\_\_\_\_
5. Name of Annual Promotion Examination passed in March-April 20\_\_ \_\_\_\_\_  
\_\_\_\_\_
6. Date on which the Scholar's Examination was over (including practical) \_\_\_\_\_  
\_\_\_\_\_
7. Class/Division secured (if only grades are allotted, the explanation of these grades as given in the marksheets must be attached). \_\_\_\_\_  
\_\_\_\_\_
8. Marks secured (attached copy of Mark sheet to be attached) \_\_\_\_\_
9. Percentage of marks \_\_\_\_\_
10. Class to which promoted/admitted during 20\_\_ \_\_\_\_\_
11. Date of joining this class \_\_\_\_\_

12. In case a student failed in the Promotion Examination whether it is a first failure or more than one in the entire course so far completed \_\_\_\_\_
- \_\_\_\_\_
13. Date in which the next Annual Promotion Examination will be held \_\_\_\_\_
14. Date in which the final University Examination on completion of the full course will be held \_\_\_\_\_
15. (a) whether the Scholar is residing in recognized hostel \_\_\_\_\_  
 (b) Date of joining the hostel (Certificate from the hostel Superintendent is to be attached) \_\_\_\_\_
16. Whether the scholar is in receipt of any other Scholarship/Stipend/Free-Studentship emolument. Etc., from any other sources. If so, the nature and amount of such scholarship (s) \_\_\_\_\_
- \_\_\_\_\_

**TO BE FILLED BY THE HEAD OF THE INSTITUTION WHERE THE APPLICANT IS STUDYING**

1. Character and conduct of the Scholar (General Review) \_\_\_\_\_
2. Percentage of classes by the Scholar \_\_\_\_\_
3. The Compulsory fees which are required to pay by the student for the current academic session 20\_\_ - 20\_\_ to the Institution or University, which are not refundable –
- |  |     |     |     |           |
|--|-----|-----|-----|-----------|
| (a) Tuition fees   | ... | ... | ... | Rs. _____ |
| (b) Games fees   | ... | ... | ... | Rs. _____ |
| (c) Union fees   | ... | ... | ... | Rs. _____ |
| (d) Library fees   | ... | ... | ... | Rs. _____ |
| (e) Magazine fees  | ... | ... | ... | Rs. _____ |
| (f) Medical Examination fees charged by the Institution. |     |     |     | Rs. _____ |
| (g) Examination fees –                                   |     |     |     |           |
| (i) Charged by the Institution                           | ... |     |     | Rs. _____ |
| (ii) Charged by the University                           | ... |     |     | Rs. _____ |
| Total fees payable during 20__ - 20__                    |     |     |     | Rs. _____ |
4. Name of the nearest branch if the State Bank of India or the Government Treasury through which the payment of Scholarship is desired should be stated here \_\_\_\_\_
- \_\_\_\_\_
5. Reference of the sanctioning letter No. and date and allotted No. under which the Scholarship awarded to the Scholar by the D.P.I. Meghalaya.
- (a) Memo No. \_\_\_\_\_ Date \_\_\_\_\_
- (b) Allotted No. \_\_\_\_\_

6. Recommendation of the Principal/Head of the Institution, etc., for the continuation of the Scholarship  
\_\_\_\_\_
7. Full address of the Institution to whom the Scholarship in respect of this student may be sent  
\_\_\_\_\_

Signature of the Head of the Institution

\_\_\_\_\_  
Full Name in block letters

OFFICE SEAL

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For use in the Office of the Director of Public Instruction, Meghalaya, Shillong,

1. Total amount of fees Rs. \_\_\_\_\_
2. Maintenance with effect from \_\_\_\_\_ to \_\_\_\_\_ 200\_\_\_\_  
(a) Rs. \_\_\_\_\_ P.M.

Total amount of 1 and 2=Rs. \_\_\_\_\_

Checked by

\_\_\_\_\_  
Dealing Assistant

Dy. Director of Higher and Technical Education,  
Meghalaya, Shillong