## MEGHALAYA PUBLIC SERVICE COMMISSION **APPLICATION FORM**

## **Instructions**

- Please fill the form using a ball point pen 1.
- 2. Use block letters only

13. Permanent Address in full with Pin code

- 3. Enclose one envelope of 4cms x 9cms, affixed with Rs. 5/- postage stamp with this application form.
- 4. Fee as per rate specified in the Advertisement (Half rate for SC/ST candidates). The amount may be paid through a Treasury/MPSC Challan. (MPSC Challan will be supplied alongwith the application form from the MPSC Counter and fee can be paid through this Challan at any S.B.I. Branch in State).
- 5. You are required to only Affix/Attach (i) recent self attested passport size photograph (ii) MPSC copy of Fees Challan with your application.
- Acceptance of this form by the MPSC does not constitute validity of candidature. Final validity of candidature shall 6

<ul><li>be determined at a subsequent stage.</li><li>7. Read the advertisement for the post in</li></ul>		·
	TION WILL BE SUMMARILY REJEC	
1. Advertisement No and Date:		Affix latest photograph of size 3.5cm x 4.5
2. Name of the Post applied for:		Do not staple or pin. Use gum only
3. Optional Subjects (If Applicable)	Name of Optional Subject I	
	Name of Optional Subject II	
4. First Name		
Middle Name Surname		
5. Date Of Birth (dd) (mm) (yyyy)	6. Sex ( <u>Male/Female</u> ) Male Fema	ale
7. Marital Status (Married/Unmarried)		
8. Father's/Mother's Name		
9. Father's/Mother's Occupation		
10. Husband's Name (for married females)		<del></del>
11. Present Address in full with Pin code (This address will be used for all communication)		
12. Phone No: (Mobile) (Land Line with STD Code)		_

14. Ar	e you a resident of	f Meghalaya? (Yes/No)					
15. Are	e you a citizen of l	India? (Yes/No)					
16. Ad	dress during the p	receding four years:					
	From	То	Ad	ddress			
	e you a member of <u>Γ/OBC)</u>	f SC/ST/OBC?					
If Yes,	indicate the Caste	e/Tribe.					
	r persons with disa disabilities detail						
		[	Visually o	lisabled			
		[	Hearing d	lisabled			
		[	Orthoped	ic disabled			
			Others	Please spe	cify		
country (Yes/N	<u>lo)</u>	discipline of sports?					
If Yes,	specify the details ucation Qualificat	s ions (In Reverse Chrono	ological Order)				
If Yes,		ions (In Reverse Chrono itution Board/	Examination Passed	Year of Passing	Subjects (Separate sheet may b attached, subject should be listed and sheet should be signed		Percentage Obtained
If Yes, 20. Ed	ucation Qualificat	ions (In Reverse Chrono itution Board/	Examination		(Separate sheet may b attached, subject should be listed and	e	
If Yes, 20. Ed	ucation Qualificat	ions (In Reverse Chrono itution Board/	Examination		(Separate sheet may b attached, subject should be listed and	e	
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If Yes, 20. Ed	ucation Qualificat	ions (In Reverse Chrono itution Board/	Examination		(Separate sheet may b attached, subject should be listed and	e	
If Yes, 20. Ed Sl. No.	ucation Qualificat	itution Board/ University	Examination		(Separate sheet may b attached, subject should be listed and	e	
21. Add 22. Arc NCC/	Name Of Insti And Addr	itution Board/University  ations, if any.  Member Of The	Examination		(Separate sheet may b attached, subject should be listed and	e	
21. Add 22. Arc NCC/	Name Of Insti And Addr  Iditional Qualificate  You A Trained M Territorial Army? Inguages	itution Board/University  ations, if any.  Member Of The	Examination		(Separate sheet may b attached, subject should be listed and sheet should be signed	e	
21. Ad 22. Ard NCC/ 23. Lan	Name Of Insti And Addr  Iditional Qualificate e You A Trained Merritorial Army? Inguages  Inguages	itution Board/ University  ations, if any.  Member Of The (Yes/No)	Examination Passed	Passing	(Separate sheet may b attached, subject should be listed and sheet should be signed	e	
21. Add 22. Arc NCC/ 23. Langu	Name Of Insti And Addr  Iditional Qualificate e You A Trained Merritorial Army? Inguages  Inguages	itution Board/University  ations, if any.  Member Of The (Yes/No)  Understand	Examination Passed	Passing	(Separate sheet may b attached, subject should be listed and sheet should be signed	e	
21. Ad 22. Arc NCC/ 23. Langu English Khasi	Name Of Insti And Addr  Iditional Qualificate  You A Trained M Territorial Army? Inguages Inage	itution Board/University  ations, if any.  Member Of The (Yes/No)  Understand	Examination Passed	Passing	(Separate sheet may b attached, subject should be listed and sheet should be signed	e	
21. Add 22. Arc NCC/ 23. Langu English Khasi	Name Of Insti And Addr  Iditional Qualificate  You A Trained M Territorial Army? Inguages Inage	itution Board/University  ations, if any.  Member Of The (Yes/No)  Understand	Examination Passed	Passing	(Separate sheet may b attached, subject should be listed and sheet should be signed	e	

25. If Yes, specify the following details.				
<b>Appointment Type:</b>	Permanent / Adhoc / Casual /	Contractual		
Name of the Office:				
Name of post held:			_	
<b>Duration in Months:</b>			_	
26. Present occupation (for Non-Govt/Semi-Govt/PSU/Private/Others)				
Name of the Organization:			_	
Name of post held:			_	
<b>Duration in months:</b>			_	
27. Previous appointments held, <b>if any:</b>	Name of the Office/Organisation	Name of Post held	Period (Duration in months FROM TO	
28. Have you at anytime been debarred from any examination and/or selection conducted by UPSC/PSC/DSC?(Yes/No)				
29. Are you debarred from applying for any				
Govt Post.? (Yes/No)				
30. Place of Birth:				
Village/Town	Police Station			
District	State			
31. Examination Center (Shillong/Jowai/Tura)				
(Note: Final allocation of the Centre to a				
candidate will be made by the Commission,				
depending on the number of candidates,				
availability of Examination Hall etc. Indication				
of choice of centre does not guarantee allotment				
of the same)				
Declaration:				
I certify that the foregoing information is understand that my candidature is liable to	_		-	I also
Date:	_			
		Signatur	e of Candidate	