

**MEGHALAYA PUBLIC SERVICE COMMISSION
APPLICATION FORM**

Instructions

1. Please fill the form using a ball point pen
2. Use block letters only
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.
6. Acceptance of this form by the MPSC does not constitute validity of candidature. Final validity of candidature shall be determined at a subsequent stage.
7. Read the advertisement for the post in question before filling up the form.

INCOMPLETE APPLICATION WILL BE SUMMARILY REJECTED

1. Advertisement No and Date:

Affix latest photograph of size 3.5cm x 4.5 cm
Do not staple or pin.
Use gum only

2. Name of the Post applied

for: _____

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 (Male/Female)

Male

Female

7. Marital Status (Married/Unmarried)

8. Father's/Mother's Name

9. Father's/Mother's Occupation

10. Husband's Name (for married females)

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**)

13. Permanent Address in full with Pin code

14. Are you a resident of Meghalaya ? (Yes/No) _____

15. Are you a citizen of India? (Yes/No) _____

16. Address during the preceding four years:

From	To	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Are you a member of SC/ST/OBC? _____
(SC/ST/OBC)

If Yes, indicate the Caste/Tribe. _____

18. Are you Physically Handicapped? _____
(Yes/No)

If Yes, specify the P.H. details

- Visually Handicapped _____
- Hearing Handicapped _____
- Orthopedic Handicapped _____
- Others Please specify _____

19. Have you ever represented the state or country or district in any discipline of sports? _____
(Yes/No)

If Yes, specify the details _____

20. Education Qualifications (In Reverse Chronological Order)

Sl No.	Name Of Institution And Address	Board/ University	Examination Passed	Year of Passing	Subjects	Division	Percentage Obtained

21. **Additional** Qualifications, if any. _____

22. Are You A Trained Member Of The NCC/ Territorial Army? (Yes/No) _____

23. Languages

Language	Understand	Speak	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Khasi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jaintia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Are you presently working with the Government? (Yes/No) _____

25. If Yes, specify the following details.

Appointment Type:

Permanent/Adhoc/Casual/Contractual

Name of the Office:

Name of post held:

Duration in Months:

26. Present occupation (for Non-Govt/Semi-Govt/PSU/Private/Others)

Name of the Organization:

Name of post held:

Duration in months:

27. Previous appointments held, if any, and duration in months)

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 correct and complete to the best of my knowledge and belief. I also understand that my candidature is liable to be cancelled in case of any false statement.

Date: _____

Signature of Candidate