**MEGHALAYA STATE COUNCIL FOR TECHNICAL EDUCATION
SHILLONG
*APPLICATION FORM FOR APPEARING DIPLOMA EXAMINATION***

(Old Course)

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | **BACKLOG SEMESTER APPEARING** |  | Photo |
| **Whatsapp No** |  | **DATE OF EXAM TO BE HELD** |  |
| 2 | **BRANCH OF ENGINEERING** |  |
| 3 | **NAME OF THE CANDIDATE** |  |
| 4 | **FATHER'S NAME** |  |
| 5 | **MOTHER'S NAME** |  |
| 6 | **LEGAL GUARDIAN'S NAME** if parents not alive |  |
| 7 | **SEX** |  | **DOB** |  |
| 8 | **HOME ADDRESS FOR COMMUNICATION** |  | **POST OFFICE** |  |
| **PIN CODE** |  | **STATE** | MEGHALAYA |
| **DISTRICT** |  |
| 9 | **NAME OF THE INSTITUTION WHERE STUDIED/STUDYING** | SHILLONG POLYTECHNIC |
| 10 | **EXAMINATION ROLL NO.** |  |
| 11 | **REGISTRATION NO.** |  | **YEAR** |  |
| 12 | **YEAR & MONTH of Admission** to the fisrt semester: |  |
| 13 | **NAME OF THE POLYTECHNIC** | SHILLONG POLYTECHNIC |
| 14 | **DETAILS OF LAST EXAMINATION APPEARED** (Photo copy of the marksheet to be enclosed): |
| **Examination Appeared** | **Center From Which Appeared** | **Exam Roll No.** | **Appeared as Regular/****Backlog Candidate** | **Year & Month of Exam Held** | **Branch** |
|  | SHILLONG POLYTECHNIC |  |  |  |  |
| 15 | Name of the subject & subject code desire to appear in this semester examination indicating Theory(Th) and Practical(Pr) seperately. |
| Sl | **Name of the Subject** | **TH / PR** | **Subject Code** | **Semester** | **BACKLOG** |
| 1 |  |  |  |  |  |
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|  | **SBCollect Reference Number** |  |
|  |
| Signature of the Candidate |

To,

  The Secretary,
  Meghalaya State Council For Technical Education,
  Shillong,
  (Through the Principal  **Shillong**  Polytechnic  **Shillong** )

Sir / Madam,

  I Request your honour to kindly grant me permission in appear at the ensuing     Diploma Examination to be held in     as a  BACKLOG  candidates.
  Necessary fees as follows has been paid at the office of the Principal  **Shillong**  Polytechnic  **Shillong**   (Receipt attached).
  1. Examination Fees (Inclusive of Marksheet Fee) Rs.
  2. Permission Fee (as applicable in case of non-collegiate candidate) Rs.

Place:
Date :

Yours Faithfully

(Signature of the Candidate)

**DECLARATION BY THE CANDIDATE**

*I hereby solemnly and sincerely affirm that the statement made and information furnished by me in the Application Form is true and correct. I have not concealed any information. However, if any information furnished herein fraudulent, incorrect or untrue if its appear that in the opinion of the Council, I have any way contravened the provision of the Council's Rules and Regulation relating to the Examination, my admission to the Examination shall liable to be cancelled by the Council. I agree to abide by the Rules and Regulation relating to the Examination of Meghalaya State Council For Technical Education Shillong.*

(Signature of the Candidate)

**CERTIFICATE FROM PRINCIPAL**

I Certify that Shri / Smti  has fulfilled the requirements necessary to be eligible to appear in  Examination of three years Diploma course to be held in as Regular (Collegiate / Non Collegiate) / backlog candidate and has completed the prescribed co urse of study for the examination and secured the minimum pass mark in internal evaluation in each subject prescribed for the course of study and that his / her conduct and character has been satisfactory.

Principal

Seal of the Institution

**FOR OFFICE USE**

Allowed / Disallowed to appear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if disallowed reason for disallowing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Secretary

Meghalaya State Council for Technical Education
Shillong

Examination Roll No. as per Admit Card.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of dealing Assistant

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_