

# GOVERNMENT OF MEGHALAYA

TOURISM DEPARTMENT

SHILLONG

## APPLICATION FORM

### Chief Minister's Meghalaya Hospitality Scholarship Scheme- 2026

(For Admission into 3-Year B. Sc in Hospitality & Hotel Administration at IHM Shillong)

#### 1. Personal Details

1. Full Name of Applicant (in Block letters): \_\_\_\_\_
2. Father's Name : \_\_\_\_\_ Mobile No: \_\_\_\_\_
3. Mother's Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_
4. Guardian's Name (if parent are deceased) : \_\_\_\_\_ Relationship: \_\_\_\_\_
5. Date of birth (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_
6. Age (as on 01-07-2026): \_\_\_\_\_ years \_\_\_\_\_ months
7. Gender: ☐ Male ☐ Female ☐ Other
8. Marital Status : ☐ Single ☐ Married
9. Aadhaar Number : \_\_\_\_\_
10. Academic Bank of Credit ID (if already created): \_\_\_\_\_

#### 2. Contact Details

1. Permanent Address:  
\_\_\_\_\_  
  
Block: \_\_\_\_\_ District: \_\_\_\_\_ Pin: \_\_\_\_\_
2. Present Address (if different)  
\_\_\_\_\_
3. Mobile No : \_\_\_\_\_
4. Email ID : \_\_\_\_\_

#### 3. Educational Qualification

| Examination | Examination Board | Year of Passing | Subject (English is compulsory) | % of Marks / Grade | Division |
|-------------|-------------------|-----------------|---------------------------------|--------------------|----------|
| Class X     |                   |                 |                                 |                    |          |
| Class XII   |                   |                 |                                 |                    |          |

#### 4. Family Details

1. Father's Occupation : \_\_\_\_\_ Annual Income: ₹ \_\_\_\_\_
2. Mother's Occupation : \_\_\_\_\_ Annual Income : ₹ \_\_\_\_\_
3. Total Family Income (all sources) : ₹ \_\_\_\_\_ (not exceeding ₹ 3,00,000)

(Attach latest Income Certificates issued by DC/ SDO (Civil) / BDO – mandatory)

#### 5. Bank Account Details (for Scholarship Disbursement)

- Account Holder's Name : \_\_\_\_\_
- Bank Name: \_\_\_\_\_
- Branch : \_\_\_\_\_
- Account Number: \_\_\_\_\_
- IFSC Code: \_\_\_\_\_

#### 6. Documents Checklist (Self attested copies to be attached in offline mode: to be uploaded in online mode)

1. Aadhar Card (for Academic of credit ID creation)
2. Residential Certificate
3. Class X Mark sheet
4. Class XII Mark sheet
5. Provisional Certificate Class XII
6. Family Income Certificate (latest within 6 months)
7. Recommendation from BDO
8. Schedule Tribe Certificate
9. Ten latest passport- size photographs
10. Bank account details/ copy of passbook
11. Birth Certificate
12. Transfer Certificate
13. Medical Report

#### 7. Declaration by Applicant

I, \_\_\_\_\_ (full Name), hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that:

- If any information is found false, my application shall be rejected and scholarship withdrawn
- If I discontinue the course mid-way, I shall be liable to refund the tuition fees already disbursed on my behalf
- I agree to abide by the rules and regulations laid down under the chief *Minister's Meghalaya Hospitality Scholarship Scheme-2025*.

Date: \_\_\_\_\_ / \_\_\_\_\_ / 2026

Place: \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_

### 8. Recommendation by Block Development Officer (BDO)

I hereby certify that Shri/ Kumari \_\_\_\_\_ is a permanent resident of \_\_\_\_\_ Block, District \_\_\_\_\_, Meghalaya. The application and documents have been verified and are found to be in order.

Date: \_\_\_\_/ \_\_\_\_/ 2026

Place : \_\_\_\_\_

Signature of the BDO: \_\_\_\_\_

Name: \_\_\_\_\_

Seal of the Office : \_\_\_\_\_

### **For Office Use only (Tourism Department/ Selection Committee)**

Application No: \_\_\_\_\_

Date of Receipt : \_\_\_\_\_

Status: ☐ Accepted ☐ Rejected

Remarks: \_\_\_\_\_

(FORMAT FOR MEDICAL CERTIFICATE)

**C E R T I F I C A T E**

(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)

Certified that I have in general and also in regard to the following infectious diseases examined

Mr./Ms. \_\_\_\_\_ (Whose signature is given below)

Son/Daughter of Shri./Smt. \_\_\_\_\_ Resident of

Disease

Finding

- a) Infectious skin diseases
- b) Psoriasis Foliate
- c) Tuberculosis
- d) Trachoma
- e) Venereal disease
- f) HIV

And find that he/she is not suffering from any of the above diseases.

I also certify that after examination I find that Mr./Ms \_\_\_\_\_ is fit to undergo the course in B. Sc in Hospitality & Hotel Administration.

\_\_\_\_\_  
(Signature of Candidate)

\_\_\_\_\_  
(Signature of Medical Practitioner)

Seal \_\_\_\_\_

Registration No: \_\_\_\_\_

Note : The Certificate should accompany the original Test Reports.