

For office use only

Application Form No. _____

Code No. _____

**APPLICATION FORM FOR MEGHALAYA TEACHER ELIGIBILITY TEST, 2021
(LOWER PRIMARY I –V)**

1. CANDIDATE'S NAME (IN CAPITAL LETTERS)

2. FATHER'S NAME

3. MOTHER'S NAME

4. ADDRESS AS PER EPIC/AADHAR CARD (Write in capital letters only)

C/O _____ Locality _____

Village/Town : _____ Police Station: _____

Block _____ **Sub Division** _____

District _____ State _____

Pin Code: _____

Mobile Number _____ Email id _____

5. DATE OF BIRTH _____

6. CATEGORY (TICK MARK '√' IN BOX): SC ST OBC GEN

7. ARE YOU A PERSON WITH DISABILITY (PWD)? YES NO

If 'YES', mention the type of disability : _____

8. GENDER (TICK MARK '√' IN BOX): MALE FEMALE OTHERS

9. FEE PAYMENT DETAILS: (to be paid by cash only at DERT/DIETs)

- a. For General Category - ₹ 800.00
- b. For SC/ST/OBC - ₹ 400.00
- c. For PWD candidates - No fees

10. PRE – SERVICE IN - SERVICE (Please tick)

11. Whether applied for UP? YES NO

12. EDUCATIONAL QUALIFICATIONS:

Examination passed	Board/University	Subjects	% of Marks	Year of Passing
Secondary School Leaving Certificate				
Higher Secondary School Leaving Certificate				
BA/BSc/B.Com				
Any Other (Specify)				

Photograph: Paste your good recent passport size(3.5x4cm) Photograph. Do not attest. Keep two identical photographs with you for use in future stage. Write your name and Form No. at the back side of the photograph

Signature of the candidate should be within the box below in black ball pen

13. PROFESSIONAL QUALIFICATIONS:

Teacher Education	Board/University	Name and Address of College/Institution	% of Marks	Year of Passing
D.Ed/D.El.Ed				
B.Ed				
B.Ed Special Education				
BA/B.Sc.B.Ed (Four –year integrated course)				
BA/B.Sc.B.Ed (Spl.Edu)				
B.El.Ed				
M.Ed				
Undergoing Final Year Teacher Education Programme recognized by NCTE				
Any Other (Please Specify)				

14. Language I : _____ (Please fill according to the following code)

Code No.	List of Languages
01	Khasi
02	Garo
03	Hindi
04	Nepali
05	Assamese
06	Bengali

DECLARATION

I hereby declare that the information provided above is true to my knowledge and belief. If, any of the information provided above is found to be false and incorrect, I understand that my candidature will be cancelled at any stage and that the office can take due and necessary action against me.

PLACE _____

(Signature of the Candidate) _____

DATE _____

Name _____

****Note : No Documents are to be submitted at the time of submission of Form**