

**GOVERNMENT OF MEGHALAYA
OFFICE OF THE DIRECTOR OF ANIMAL HUSBANDRY & VETERINARY
MEGHALAYA :: SHILLONG**

ADVERTISEMENT

No MVD-Dev-1/2017/ 5

Dated, Shillong, the 25th May/2017

Application in prescribed Form are invited from interested candidates for admission to B.V.Sc & A.H. Degree Course during the session 2017 – 2018 against seats allotted to the State Government at Khanapara, Mizoram & Nagaland . Probable number of seats is 15 only.

Eligibility Conditions :

1. **The applicants must be permanent residents/ of Meghalaya.**
2. **The applicants must have passed HSSLC (Sc) Examination from any recognised Board of Higher Secondary Education with Physics, Chemistry & Biology with a minimum of 50% aggregate in Science for General & OBC categories and 45% for SC/ST/Physically Handicapped/ In service categories.**
3. **Seats shall be allotted as per the State reservation policy.**
4. **Within each reserved category, selection will be purely on merit ranking obtained in the entrance test.**

How to Apply:

Application Form can be obtained from the Directorate A.H. & Veterinary, Shillong / Joint Director A.H. & Veterinary Office (Tura) or can be downloaded from the Departmental web site <http://www.megahvt.gov.in> after 26th May/2017. Documents are not required to be enclosed

Last Date for Submission of Forms:

The last date of receiving application forms at the Directorate A.H. & Veterinary, Shillong is on 16th June 2017 up to 5.00 P.M

Issue of Admit Card

Admit Card shall be issued from 21st to 23rd June/2017 during Office hours.

Date of Entrance Test

24th June 2017 (Saturday) at 11 AM – 2 PM at Shillong.


(Dr. B. Rijal)

**Director of A.H. & Veterinary,
Meghalaya, Shillong.**

GOVERNMENT OF MEGHALAYA
DIRECTORATE OF A.H. & VETERINARY
MEGHALAYA :: SHILLONG

2 Copies of
Photograph

**APPLICATION FORM FOR ENTRANCE EXAMINATION FOR UNDERGOING BVSc
A.H. & DEGREE COURSE DURING 2017- 2018 AGAINST SEATS ALLOTTED TO THE
STATE GOVERNMENT**

1. NAME IN FULL (block letters) :
(Please keep one box blank between two parts of your name with Surname first)

2. FATHER'S NAME :

3. MOTHER'S NAME :

4. LEGAL GUARDIAN'S NAME (If parent not alive) :

5. SEX : 6. DATE OF BIRTH:

DAY MONTH YEAR

7. PERMANENT HOME ADDRESS :

POST OFFICE: PIN CODE

DISTRICT:

STATE:

8. ADDRESS FOR COMMUNICATION:

POST OFFICE PIN CODE

DISTRICT:

STATE :

9. PHONE NO. WITH STD CODE IF ANY : MOBILE NO. :

10. Whether ST(K & J) ST(G) GEN. SC OBC OT PH

11. DETAILS OF QUALIFYING EXAMINATION :

'A' NAME OF THE BOARD / COUNCIL :

'C' MARKS SECURED IN THE QUALIFYING EXAMINATION :

SUBJECTS	THEORY		PRACTICAL		TOTAL MARKS	
	Full Marks	Marks Obtained	Full Marks	Marks Obtained	Full Marks	Marks Obtained
PHYSICS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CHEMISTRY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BIOLOGY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ENGLISH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D. I do hereby declare that the statements made above are true to the best of my knowledge and belief.

Signature of Applicant

Date: _____

Name of Applicant.

Place: _____
