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

ADVERTISEMENT

No MVD-Dev-1/2017/ 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.
APPLICATION FORM FOR ENTRANCE EXAMINATION FOR UNDERGOING B.V.Sc. A.H. & DEGREE COURSE DURING 2017-2018 AGAINST SEATS ALLOTED 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 :

8. ADDRESS FOR COMMUNICATION:

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

Signature of Applicant

Date: ____________________________

Place: ____________________________

Name of Applicant.