Directorate of Sainik Welfare, Meghalaya.

Administrative Building, Lower Lachumiere, Right Wing,
Ground Floor, Shillong – 793001
Ph No. : 0364-2225613
Email: rsb-megha@meghalaya.gov.in/ rsbmegha@rediff.com
Website: www.sainikwelfare.meghalaya.gov.in

(For Ex-Servicemen Only)

Last date for submission of application form: 8 Sept 2026

Note: Candidate are requested to submit the form offline at our office, Directorate of Sainik Welfare Meghalaya, Administrative Building, Ground Floor, Right Wing, Lower Lachumiere, Shillong -793001. OR candidate can also send their application form through our email: rsb-megha@meghalaya.gov.in. Application form to be filled in **BLOCK LETTERS**.

Applied for the posts of: _____

Personal details:

1	**Service No.**	
2	**Rank**	
3	**Name**	
4	**Date of Birth**	

PASSPORT SIZE PHOTO

Contact details:

5	**Address**	
6	**Contact No.**	

Professional details:

7	**Service** (Army / Navy / Air Force)	
8	**Trade in Service**	
9	**Last Unit**	
10	**Length of Service** (in Years)	
11	**Date of Discharge**	

12	**PPO No.** (Attached PPO)	
13	**Educational Qualification** (Civil / Military)	
14	**Medical Category**	
15	**Awards / Honours (If Any)**	(a)
		(b)
		(c)
16	**Courses under gone (if any)**	(a)
		(b)
		(c)
17	**ESM registered under** (ZSWO, Shillong / Tura)	

		Language Name		**Speak (✓)**	**Read (✓)**	**Write (✓)**
18	**Languages known**	(a)				
		(b)				
		(c)				
		(d)				
		(e)				

Any other information:

_____

_____

DECLARATION:

I hereby declare that the information given above is true to the best of my knowledge and belief.

Date: _____

Place: _____ Signature of the Applicant