

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)

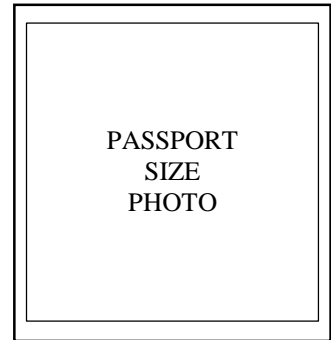
Submission of application form: 15th June 2026 to 03rd July 2026

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	



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)	

18	Languages known	Language Name	Speak (✓)	Read (✓)	Write (✓)
		(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