HOW TO FILL THE ONLINE FORM

Step -1 : Visit the Mising Autonomous Council official Website <u>www.macassam.org</u>
You will find the Home Page of the Website



Homepage

Step 2: Scroll Down You will find the Tab - AGOM MIGANG TABU TAID SHIKSHA SHARATHI SCHEME

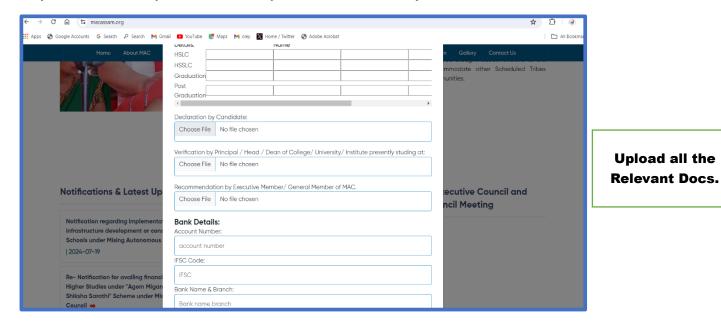


Step 3: After Clicking on the Tab, the Online form will appear

← → C ∩ □ macassam.org				☆	Ď (∅)
## Apps 🚱 Google Accounts 💪 Search 🔑 Search M Gr	mail 🔼 YouTube 🐰 Maps M oley 🎇 Home / Twitter 🚱 Adobe Acrobat				☐ All Bookn
Home About MAC	Department Information Administration Infrastructure Documents and Forms MAC	Eco-Tourism G			
	AGOM MIGANG TABU TAID SHIKSHA SARATHI SCHEME (Financial Incentives to Students for Higher Education for the FY-2023 on Merit cum Income basis)	× mmod	ate other Schedu s.	led Tribe	5
	Name of the Applicant:				
	Name of the Applicant				
	Father / Mother/ Gaurdians Name:				
	Father / Mother/ Gaurdians Name:				
Notifications & Latest Up	Date of Birth:	ecut	ive Council a	nd	
	dd/mm/yyyy	ncil l	Meeting		
Notification regarding implementation	Nationality				
Schools under Mising Autonomous 2024-07-19	Nationality				
12024 07 17	Gender:				
Re- Notification for availing financi Higher Studies under "Agom Migan	Select One				
Shiksha Sarathi" Scheme under Mis	Marital Status:	[
Council ⇒	Select One				

Online Form

Step 4: Fill all the required Field and upload all the necessary documents.

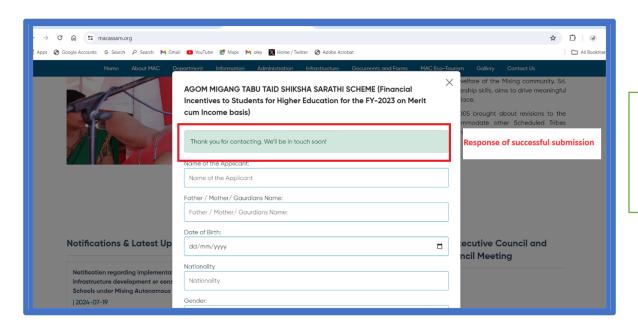


- For declaration of Candidate Upload Annexure-A
- For Verification of Principal / Head/ Dean of College Upload Annexure- B
- For Recommendation by Executive / General Member of MAC Upload Annexure-C
- For Bank Details duly signed by Bank Officials Upload Annexure-D

Step 5: After filling all the required field click on the Submit Button.

You will receive a response "Thank You for contacting. We'll be in touch soon".

If you find the above response, Congratulations your form has been submitted successfully.



Response of successful submission

For any queries contact us at macassam.it@gmail.com

Or Ping a message at 7002755144 (Calls are strictly Prohibited)
Hemanta Doley,
Project Co-Ordinator,
MAC IT CELL.

Thank You!

Self Declaration

I	hereby
declare that the information furnished	by me in this application is correct to
the best of my knowledge and belief. I	In support, I enclose the documents as
required. If any information provided by	me is found to be false or incorrect, my
candidature / application for the incent	rives is liable to be rejected without any
notice.	
Date:	(Signature of Applicant)

Annexure -B

<u>Verification by Principal / Head / Dean of the College / University / Institute</u> <u>where the Candidate is presently studying.</u>

This	is	to	Certify	that	Sri,	/Miss/
Mr/Mrs	• • • • • • • • • • • • • • • • • • • •			is ac	dmitted a	t our
institution	on dated.			and he/ s	she is pre	sently
pursuing			the		(Course
					at	our
Institution	named					l,
therefore,	recommen	d his / he	r candidature f	or the sche	me of Fin	ancial
Incentives ¹	to students	for Higher	Education under	the Scheme	named " A	4GOM
MIGANG TA	ABU TAID S	HIKSHA SAR	ATHI".			
			(Signature	with Seal)		
Date:		Name	:			
Dlaco.		Docia	nation:			

Recommendation from Concerned General Member/ Executive Member, Mising Autonomous Council

,	andidate Sri /Miss/ Mr./Mrs.		
Belongs to my constituency	y and he/ she is known to me. The above particulars		
furnished by the applicant are true to the best of my knowledge and belief.			
therefore, recommend his	s / her candidature for the Scheme of Financia		
Incentives to students for H	Higher Education under the Scheme named " AGOM		
MIGANG TABU TAID SHIKSH	HA SARATHI".		
	(Signature with Seal)		
Date:	Name :		
Place:	Designation:		
	Constituency:		

ELECTRONIC CLEARING SERVICE (MODEL MANDATE FORM) (PAYMENT TO PARTIES THROUGH CREDIT CLEARING MECHANISM)

1.	Name of Account Holder:	
2.	Address:	
3.	Phone / Mobile No :	
4.	Email ID	
5.	Bank Name :	
6.	Branch Name :	
7.	Account Number :	
8.	IFSC code of the Bank:	
9.	Account Type (S.B. Account/Current Account or Cash credit with code):	

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not affected at all for reasons of incomplete or incorrect information, I would not hold the user Company responsible.

Date:	(Signature of the Account Holder)

Bank's stamp & Signature of the Authorized Official from the Bank