



**MEGHALAYA BOARD OF SCHOOL EDUCATION**  
**SECONDARY SCHOOL LEAVING CERTIFICATE EXAMINATION, 2025**  
**PRE-PRINTED APPLICATION FORM**

**(NON-REGULAR CANDIDATE)**

**THOSE WHO HAVE APPEARED AND FAILED IN THE SSLC EXAMINATION, 2024**

NO CHANGE IS ALLOWED IN THE PRINTED PARTICULARS.

Examination Centre: **UPPER SHILLONG**

Venue: **St. Gabriel's Higher Secondary School, Upper Shillong**

Previous Roll No: **30994**

Reg. No: **74439** of **2022**

Sex: **F**

Category: **ST**

Community: **Khasi**

Date Of Birth: **23-Oct-2005**

Form No: **06620047** of **2024**

Name: **SOPHIA KHARSHIING**

Father's Name: **JRAMSING WAHLANG**

Mother's Name: **SAJITA KHARSHIING**

Home Address (IN BLOCKS LETTERS ONLY) (Do not repeat Name)

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.....Contact No.....

**Subject Opted (Other Than Compulsory Subjects):**

If subject was changed with prior permission from the Board, attach permission/NOC of the Board.

**Subject Taken**

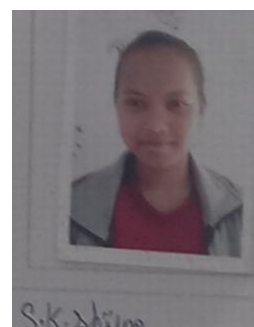
**Subject Changed to**

**1: HPE**

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**2: Kh**

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**IMPORTANT: Back page of this NON-REGULAR form should be printed, and signed by all concern before submitting to the Board.**



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Examination Centre: **UPPER SHILLONG**

Venue: **St. Gabriel's Higher Secondary School, Upper Shillong**

Previous Roll No: **30990**

Reg. No: **71239** of **2021**

Sex: **F**

Category: **ST**

Community: **Khasi**

Date Of Birth: **06-Jul-2006**

Form No: **06620040** of **2023**

Name: **RITNGENLANG MARBANIANG**

Father's Name: **JOWELSON NONGKHLAW**

Mother's Name: **AIBITRIS MARBANIANG**

Home Address (IN BLOCKS LETTERS ONLY) (Do not repeat Name)

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.....Contact No.....

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Examination Centre: **UPPER SHILLONG**

Venue: **St. Gabriel's Higher Secondary School, Upper Shillong**

Previous Roll No: **30983**

Reg. No: **74407** of **2022**

Sex: **F**

Category: **ST**

Community: **Khasi**

Date Of Birth: **08-Jun-2006**

Form No: **06620041** of **2024**

Name: **MEMORY SYIEMLIEH**

Father's Name: **SHAIMINGTON RAMSIEJ**

Mother's Name: **MAIARLIS SYIEMLIEH**

Home Address (IN BLOCKS LETTERS ONLY) (Do not repeat Name)

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.....Contact No.....

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