

APPLICATION FORM FOR ADMISSION TO LADY SHRIRAM COLLEGE RESIDENCE HALL

FOR FIRST YEAR STUDENTS ONLY (2020-2021) AND FOR ONE YEAR ONLY

CATEGORY: PwD (Person with Disability)

PLEASE INDICATE KIND OF DISABILITY (whether visually impaired or hearing impaired or orthopedically impaired or learning disability).....

PLEASE INDICATE PERCENTAGE OF DISABILITY (kindly attach and upload a medical certificate from a Govt. Hospital stating percentage of disability).....

DEPARTMENT IN LSR COLLEGE.....

NAME.....**COLLEGE ADMISSION/ROLL NO**.....

PHONE NO.....**EMAIL ADDRESS**.....

ADDRESS.....

DISTANCE FROM ABOVE ADDRESS TO LSR COLLEGE IN KMS.....

SCHOOL LAST ATTENDED.....

ADDRESS OF SCHOOL LAST ATTENDED.....

MARKS OBTAINED

Marks in Best 4 subjects (total).....

Marks on the basis of which admitted to LSRC (adjusted percentage).....

Subject	Marks obtained	Total marks	Percentage of marks
Subject 1.....			
Subject 2.....			
Subject 3.....			
Subject 4.....			
TOTAL			

NAME OF FATHER.....

PHONE NO.....**EMAIL ADDRESS**.....

ADDRESS.....

NAME OF MOTHER.....

PHONE NO.....EMAIL ADDRESS.....

ADDRESS (If different).....

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TOTAL ANNUAL FAMILY INCOME IN INR.....NO. OF SIBLINGS.....

LOCAL GUARDIAN IN NEW DELHI

Name..... Relationship.....

Phone no.....Email Address.....

Address in Delhi.....

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Please note that the local guardian will be required to sign an undertaking stating that he/she will be responsible for the student's Covid 19 care, testing etc and all other travel and health related issues, at the time of entry.

Kindly also note that all first-year students who will be admitted to the Residence Hall will have to make alternate arrangements for their stay in Delhi in their second and third years of College.

I understand and agree to the above.

Signature of student

Signature of parent

PLEASE FILL, SIGN AND UPLOAD THIS FORM AS DIRECTED ON THE LSR WEBSITE ALONG WITH THE FOLLOWING ATTACHMENTS

1. LSR FEE RECEIPT
2. MARK SHEET OF CLASS 12
3. PHOTOGRAPH
4. CURRENT ELECTRICITY BILL, LANDLINE PHONE BILL, CURRENT PIPED GAS OR GAS RECEIPT, RENT RECEIPT, RENT AGREEMENT IN EITHER PARENT'S NAME. **NO OTHER PROOF OF ADDRESS WILL BE ACCEPTED.**
5. CERTIFICATE OF DISABILITY FROM A GOVT HOSPITAL.

All of the above should be uploaded with the duly signed and filled in application form. **In case any of the above attachments are missing, the application will be deemed invalid.**

