## APPLICATION FORM FOR ADMISSION TO LADY SHRIRAM COLLEGE RESIDENCE HALL

## FIRST YEAR STUDENTS ONLY (2022-23)

## **CATEGORY: PwBD (Person with Benchmark Disability)**

photograph

<b>PLEASE INDICATE KIND OF</b> orthopedically impaired or lear	· · · · · · · · · · · · · · · · · · ·		_	impaired o	
PLEASE INDICATE PERCENTAGE Govt. Hospital stating percentage					
DEP	ARTMENT IN LSR COLL	EGE	<b></b>		
NAME		COLLEGE ADMISSI	ON/ROLL NO		
PHONE NO	EMAIL ADD	RESS			
ADDRESS					
				······································	
DISTANCE FROM ABOVE ADDR	RESS TO LSR COLLEGE II	N KMS			
SCHOOL LAST ATTENDED					
ADDRESS OF SCHOOL LAST AT					
CUET rank on which admitted					
CUET NORMALISED MARKS/SO	CORES on which admits	ed to LSRC	••••••	•••••	
Marks in Best 4 subjects in class	ss 12 <sup>th</sup> exam (total)		•••		
Marks on the basis of which ac	dmitted to LSRC (adjus	ted percentage) if	applicable		
Subject	Marks obtained	Total marks	Percentage	of marks	
Subject 1					
Subject 2					
Subject 3					
Subject 4					
TOTAL			••••••		
NAME OF FATHER					
PHONE NO FMAIL ADDRESS					

ADDRESS	
NAME OF MOTHER	
PHONE NOEMAIL ADDRESS	
ADDRESS (If different)	
TOTAL ANNUAL FAMILY INCOME IN INRNO. OF	
LOCAL GUARDIAN IN NEW DELHI	
Name Relationship	
Phone noEmail Address	
Address in Delhi	
Please note that the local guardian will be required to sign an unobe responsible for the student's Covid care, treatment/quarantinohealth related issues/emergencies, at the time of entry.	dertaking stating that he/she will
Kindly also note that all first-year students admitted to the Reside alternate arrangements for their stay in Delhi, in their second and College.	
I understand and agree to the above.	
Signature of student	Signature of parent

PLEASE FILL, ATTACH A PHOTOGRAPH IN THE DESIGNATED BOX, SIGN AND UPLOAD THIS FORM AS DIRECTED ON THE LSR WEBSITE, ALONG WITH THE FOLLOWING ATTACHMENTS IN A SINGLE PDF FILE.

- 1. LSR FEE RECEIPT
- 2. CURRENT ELECTRICITY BILL, LANDLINE PHONE BILL, CURRENT PIPED GAS OR GAS RECEIPT, RENT RECEIPT, RENT AGREEMENT IN EITHER PARENT'S NAME. <u>ANY ONE</u>. <u>NO OTHER PROOF OF ADDRESS WILL BE ACCEPTED.</u>
- 3. COVID 19 VACCINATION CERTIFICATE (Students should be fully vaccinated including Booster dose)
- 4. MEDICAL FITNESS CERTIFICATE (indicating special needs, if any)
- 5. CERTIFICATE OF DISABILITY FROM A GOVT HOSPITAL (specifying nature and percentage of disability)
- 6. PRINTOUT OF CUET RANK AND NORMALISED MARKS.

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.