

**LADY SHRI RAM COLLEGE FOR WOMEN**

**RESIDENCE HALL**

**NOTICE**

**Dated:09.07.2026**

**ATTN: Second and Third Year PWBD STUDENTS.**

**APPLY TO THE LSR Hostel**

PWBD students who will start their second and third year of study in July 2026 are invited to apply to the LSR Hostel. Kindly note

1. There are only 3 seats for 2<sup>nd</sup> year students and 3 seats for 3<sup>rd</sup> year students, one from each of the following, across both years:
  - A. Visual disability
  - B. Locomotor disability
  - C. Any other disability
2. For allotment the CGPA at the end of semester 1 and at the end of semester 3 will be considered. Application Eligibility also includes a minimum of 50% attendance in College in the previous two Semesters.
3. Kindly note that in the absence of a lift all PWBD students will be given rooms on the ground floor. Single rooms will be available to third-year students only and second-year students are expected to share.
4. PWBD students must pay a one-time, refundable security deposit of Rs 5000 and 50% of the monthly mess bills (per semester). The Payment can be done annually or at the beginning of each semester.
5. All rules and regulations regarding discipline, attendance in college and 66.6% stay in the Hostel are applicable to all residents.

Kindly download the application form attached to this notice and apply with all relevant documents by the 22nd of July 12 p.m. to [lsrhosteladmission@lsr.du.ac.in](mailto:lsrhosteladmission@lsr.du.ac.in).

**NOTE:- Please mention your Name and College Roll No. In the Subject of the email.**

Forms without relevant documents will be considered invalid.

Selected candidates will be required to meet the Principal and Warden with their LOCAL GUARDIANS at a date and time that will be intimated to students. **This is mandatory.** Selected students can shift into the Hostel from the 1<sup>st</sup> of August 2026, after payment of relevant fees.

Signed

Dr. Ujjayini Ray

Head of the Residence Hall

**APPLICATION FORM FOR ADMISSION TO LADY SHRI RAM COLLEGE RESIDENCE HALL**



**2<sup>nd</sup> and 3<sup>rd</sup> year PWBD STUDENTS ONLY (2026-2027)**

**PWBD..... (Please indicate whether visually impaired/ orthopedically impaired/hearing impaired/learning disability or any other) \*Percentage of Disability.....**

**\*Department to which admitted in College .....**

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

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

**\*ADDRESS (Hometown)**

.....  
.....  
.....  
.....  
.....

.....**ADDRESS(Current)**.....

**\*DISTANCE FROM HOMETOWN TO LSR COLLEGE IN KMS .....**

**\*SCHOOL LAST ATTENDED .....**

**\*ADDRESS OF SCHOOL LAST ATTENDED .....**

.....  
....

**CGPA**

**First Semester**

**Second Semester**

**Third Semester**

.....

**\*NAME OF FATHER.....**

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

**ADDRESS.....**

.....

**\*NAME OF MOTHER.....**

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

**ADDRESS (If different) .....**

.....

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

**\*LOCAL GUARDIAN IN NEW DELHI (preferably within 20 kms of the College)**

**Name.....**

**Relationship.....**

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

**Address in Delhi.....**

.....

**\*Compulsory fields**

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

**I understand and agree to the above.**

**Signature of student**

**Signature of parent**

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

- 1. LSR FEE RECEIPT and CLEARLY SCANNED MARKSHEETS OF 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup> SEMESTER (WHICH EVER REQUIRED).**
- 2. CURRENT ELECTRICITY BILL, LANDLINE PHONE BILL, CURRENT PIPED GAS OR GAS RECEIPT, RENT RECEIPT, RENT AGREEMENT IN EITHER PARENT'S NAME. ANY ONE. NO OTHER PROOF OF ADDRESS WILL BE ACCEPTED.**
- 3. PWBD certificate stating percentage of disability from a Government Hospital.**
- 4. MEDICAL FITNESS CERTIFICATE**

**Forms without the above documents will be deemed INVALID.**