LADY KEANE COLLEGE

NAAC Accredited "A" Grade

Serial No.

BSC

APPLICATION FOR ADMISSION TO BACHELOR OF SCIENCE

1. Name of Student in full [block letters]		
2. Date of Birth		
3. [a] Father's Name		
[b] Father's Occupation		
[c] Mother's Name		
[d] Mother's Occupation		
4. [a] Present Address		
[b] Permanent Address		
Urban / Rural		
	Phone No:	
5. Name and Address of Local Guardian		
	Phone No:	
* Attested copy of Domicile Certificate of	of the applicant is to be enclosed.	
6. Nationality	5 11	
7. Community		
8. Category - ST/SC/OBC/GEN		Please Specify
9. Religion		
10. School / College last attended		
11. BPL Family [Please Tick]	YES	10
12. Bank Name, Account Number & IFSC C	Code	
PERS	ONAL DETAILS FOR IDENTITY CARD	
Full Name		
Class: BSc		
21 10		Paste Passport Photo
		Size: 3.5cm X 4.5cm
Present Address		Do Not Staple
	ACKNOWLEDGEMENT	L
Received t	the Application Form into Bachelor of Science	Serial No.
SHILONG CONTRACTOR		

NAAC Accredited "A" Grade Date:

For Principal

13. Examination[s] Passed

Examination	Board / University	Roll No.	Year	Division	Percentage

14. Subjects Selected

1. English 2. Environmental Studies

Elective Honours	Elective Group - A [tick in appropriate boxes]		Elective Group - B [tick in appropriate boxes]
Chemistry	Physics, Mathematics		Botany, Zoology
Physics	Mathematics, Chemistry		-
Mathematics	Physics, Chemistry		-
Biochemistry	Chemistry, Zoology		-
Botany	Chemistry, Zoology		-
Zoology	Chemistry, Botany		-

15. Proficiency in sports, extra-curricular activities etc.

16. Extension Service_

Note: Attested copies of Domicile Certificate and Certificates of Sl. nos. 8, 10 & 15 are to be enclosed

UNDERTAKING

I, Smti _

of B.Sc., Lady Keane College, do affirm, that I have read the Prospectus of the college carefully and pledge that I shall not directly or indirectly commit, participate or instigate ragging within or outside the college campus.

I further, pledge that in the event of being found violating the rules of the College, I shall be liable for any punishment deemed fit by the college authority.

DATE : ____/20____

Endorsed:

Signature of the Parent /Guardian

Signature of the Student

I agree / do not agree to be a member of the parent teacher Association of Lady Keane College

Signature of the Parent

For Office Use:

ADMISSION GRANTED/ NOT GRANTED

PRINCIPAL

ROLL NO	_	B.Sc. Course	SESSION - (2020)
Paid Rs	_ Receipt No	Date //	

Office Assistant ____