LADY KEANE COLLEGE

SHILLONG (MEGHALAYA)

NAAC Accredited "A" Grade

Serial No.

APPLICATION FOR ADMISSION TO BACHELOR OF ARTS

BA

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 G	uardian		
		Phone No:	
* Attested copy of Domicile (<i>Certificate of the applicant is to be enclosed.</i>		
6. Nationality			
7. Community			
8. Category - ST/SC/OBC/GEN			Please Specify
9. Religion			
10. School / College last attended	1		
11. BPL Family [Please Tick]	YES	NO	
12. Bank Name, Account Numbe	r & IFSC Code		
	PERSONAL DETAILS FOR IDEN	ITITY CARD	
Full Name			
Class: BA <u>Morning</u> Roll No		Day	Paste Passport Photo
Blood Group			Size: 3.5cm X 4.5cm
Contact No			Do Not Staple
Present Address			Do Not Stupic
		L	
	ACKNOWLEDGEMEN		
E WITH INTO	Received the Application Form into		I No.
NAAC Accredited "A" Grade Date:		For Principal	

Admission formalities are to be completed within 24 hours after Admission has been granted

13. Examination[s] Passed

Examination	Board / University	Roll No.	Year	Division	Percentage

14. Subjects Selected

1. English	2. Enviroi	nmental Studies	3. MIL			/Alternative English
Elective Subjects						
Honouro Cubicot		1			1	

Honours Subject

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.A, 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 Student

Signature of the Parent /Guardian

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

DAY SECTION / MORNING SECTION

PRINCIPAL

ROLL NO	
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Bachelor of Arts

SESSION - (20____20___)

D (1)			, ,	
Paid Rs	Receipt No	Date /	/_	

Office Assistant _____