

APPLICATION FORM

**STUDENT COUNCIL FOR ACADEMIC LEARNING AND ENHANCEMENT (SCALE)
AND LEAD STUDENT REPRESENTATIVE(LSR)**

Student Name: _____

Father Name: _____

Domicile: _____

Department: _____

Program: _____

Registration No:_____

Semester: _____

SGPA:_____

Co-curricular/Sports (if any, attach certificate)

Any other skill:

Student's Signature _____

Head of Department: _____

(Name, Signature and Stamp)