

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)