

# Lovely Professional University, Punjab

## Form-1: Application Form for Financial aid to Person with Certain Disability-2024

Application no/ Candidate Id: \_\_\_\_\_ Date of Application Submission: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Category of Applicant:  General  SC  ST  OBC; Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

Programme interested: \_\_\_\_\_

(Refer Annexure-C1: List of Programmes for Financial aid to Person with certain Disability other than blindness, C2 for Blind only)

Educational Qualification: \_\_\_\_\_ (course name); \_\_\_\_\_ (percentage marks) \_\_\_\_\_ (Year of passing)

(The qualification based on which admission application is submitted, for example for MBA admission based on Graduation BBA or B. Com)

Previous Education Qualification: \_\_\_\_\_ (course name); \_\_\_\_\_ (percentage marks) \_\_\_\_\_ (Year of passing)

(For an applicant interested in MBA; Educational qualification will be graduation and Previous education qualification will be 12th etc.)

Disability Type<sup>1</sup>: \_\_\_\_\_; Percentage of Disability: \_\_\_\_\_ (ex. 75%, 90% etc.)

Disability by Birth: \_\_\_\_\_ (Yes/No); If No, then Disability Since: \_\_\_\_\_ (in Year YYYY)

Disability Due to: \_\_\_\_\_ (Accident/ Congenital/ Hereditary)

### Document Checklist:

a. UDID Card: \_\_\_\_\_ (Submitted/ Not Submitted)

b. Medical certificate from competent authority: \_\_\_\_\_ (Submitted/ Not Submitted)

[Certificate issued by Chief Medical Officer or Medical Authority]

c. Income Declaration Form (Guardian/ Self -if employed): \_\_\_\_\_ (Submitted/ Not Submitted)

d. Educational Qualification (Marksheet): \_\_\_\_\_ (Submitted/ Not Submitted)

[The applicant is required to provide an Aadhaar card (applicant and both parents), marksheet of all previous qualifications i.e. 10th, 12th, Graduation, Post-Graduation and Gap Affidavit (if any), etc.]

e. Any Other Document(s): \_\_\_\_\_

### Declaration:

I do hereby declare that all the information either mentioned above or in enclosed documents are true & correct to the best of my knowledge and nothing has been concealed therein. I very well know the fact that if any information is found to be false & incorrect then I will be liable to be punished under Law in Force and any benefits received by me will be liable to be ceased.

Place: \_\_\_\_\_

Deponent  
(Signature and Date)

<sup>1</sup> Disability types for reference of applicant are Cerebral Palsy, Locomotor Disability, Muscular Dystrophy, Parkinson's Disease, Thalassemia, Leprosy cured, Blindness, Low Vision, Hearing Impairment, Hemophilia, Intellectual Disability, Sickle Cell Disease, Acid Attack Victim, Mental Illness, Multiple Sclerosis, Dwarfism, Specific Learning Disabilities, Speech and Language Disability, Autism Spectrum Disorder, Chronic Neurological conditions, Multiple Disabilities including Deaf Blindness, in case other please mention.