

LCAT PAYMENT WAIVER APPLICATION FORM

To the Applicant : Please fill this form, get it duly signed by Head of the Institution. And then upload the form at www.lcat.in

PART A: TO BE FILLED BY THE STUDENT/GUARDIAN

Student Information

Name :

Class/Department:

School/College:

Gender:

M

F

Date of Birth:

Day

Month

Year

Paste your Passport
Size Photo here

Residential/Communication Address

House Name: Street:

City: District:

State..... Pin code:

Telephone: Mobile:

E-mail:

Family Information

Father's Name: Occupation:

Qualification: Phone/Mobile:

Mother's Name: Occupation:

Qualification: Phone/Mobile:

Guardian's Name:

Address:.....
.....
.....
.....

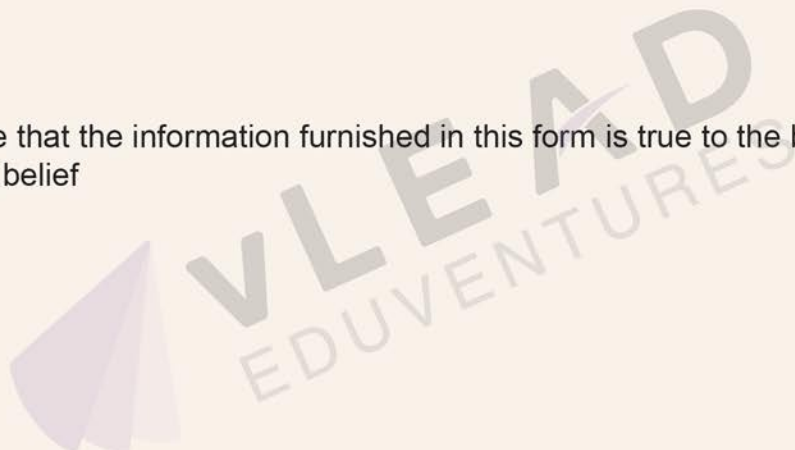
Phone/Mobile:

Interested LCAT Program:

- LCAT Rise
- LCAT Sail
- LCAT Redesign

Parent/Guardian Declaration

I hereby declare that the information furnished in this form is true to the best of my/our knowledge and belief



Date:

Place:

Signature of Parent(s)/Guardian(s):

PART B: TO BE FILLED BY THE HEAD OF THE INSTITUTION

Eligibility for Payment Waiver Program (PWP)

To be eligible for the program, the applicant must be able to meet the following criteria :

- Be an Indian citizen.
- Age not more than 24 years.
- Be (currently / previously) enrolled in a recognised school, college or any academic institution.
- An annual family income less than Rs. 1 lakh.
- Recommended by the Head of the educational institution where the applicant is currently / was previously enrolled.

I hereby confirm that Mr. / Ms. S/o,D/o Mr.....
who is studying in the.....class/department of.....
school/college is eligible for the LCAT payment waiver.

Please specify why you think this candidate is eligible for the payment waiver

Date:

Name:

Place:

E-mail Id:

Phone/Mobile No:

Signature with Seal: