

Category :

Merit

Management

NRI

Name of student:

Course:

Academic Year:

**CHECK LIST OF CERTIFICATES AND DOCUMENTS SUBMITTED BY THE STUDENTS DURING ADMISSION**

Sl. No	Certificates/Documents	Submitted √ / X	Pending √ / X	Remarks
01	Copy of Allotment Memo			
02	a) Receipt of Fees Paid – For Management Candidates b) Receipt of token fee/part of the tuition fee remitted in the bank - For LBS Merit Candidates			
03	SSLC - Original Certificate			
04	+2 - Original Certificate			
05	Transfer Certificate (TC) from the Institution last attended			
06	Course & Conduct Certificate from the Institution last attended			
07	Community Certificate obtained from revenue authority, <b><i>if claiming seats reserved for minority communities. (SEBC/SC/ST/Minority communities)</i></b>			
08	Income certificate from concerned revenue authority			
09	Fitness Certificate in the relevant format [Annexure V – (e)]			
10	Medical Certificate obtained not earlier than 3 months prior to the last date of submission of application from the District Medical Board <b><i>in the case of 'Persons with Disabilities'</i></b> .			
11	Vaccination Certificate against Hepatitis			
12	Migration/Eligibility Certificate, if applicable			
13	Anti Ragging Declaration (100 x 2/ 200 Rupees Stamp Paper in the name & address of student)			
14	Passport size Photo - 6 nos			
15	Stamp Size Photo – 3 Nos			
16	Copy of Aadhaar Card			
17	Two set of self attested (student) photocopies of all the above certificates			

**NON – RESIDENT INDIAN (NRI) CATEGORY CANDIDATE**

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<b>Sl. No</b>	<b>Certificates/Documents</b>	<b>Submitted √ / X</b>	<b>Pending √ / X</b>	<b>Remarks</b>
18	Relationship Certificate (With the Sponsor and the Candidate)			
19	Overseas employment certificate issued by the employer, attested by the Embassy.			
20	Copy of valid Passport with valid Visa stamped and attested by the concerned Embassy			
21	Sponsorship certificate showing the relationship between the Sponsor and the Candidate (attested by the Embassy) or Sworn Affidavit by the Sponsor – (ANNEXURE XVII)			

**Remarks if any:**

**Verified by**

**Administrative Officer TSAHS:**

**Date:**

**PRINCIPAL - TSAHS**