

Lovely Professional University, Punjab

Form-I: Application for LPU RISE Scholarship Scheme – 2026

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)

Category of Scheme:

- ☐ A: Rank-Based Benefits
☐ B: Admission-Based Benefits
☐ C: Board & HEI Toppers

Programme interested: _____

(Refer to Annexure - E (For LPURISE))

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.)

Whether Availing benefits of any other Scholarship Scheme: _____ (Yes/ No); Is yes, specify: _____

Document Checklist:

- a. Undertaking by applicant _____ (Submitted/ Not Submitted)
b. Valid Score Card _____ (Submitted/ Not Submitted/ Not Applicable)
c. Admission Offer Letter _____ (Submitted/ Not Submitted/ Not Applicable)
d. Admission Allotment Letter _____ (Submitted/ Not Submitted/ Not Applicable)
e. Admission Fee Receipt and/or Enrolment Letter _____ (Submitted/ Not Submitted/ Not Applicable)
f. Merit List _____ (Submitted/ Not Submitted/ Not Applicable)
g. Academic Transcripts (10th & 12th and Higher) _____ (Submitted/ Not Submitted)
h. Gap Certificate _____ (Submitted/ Not Applicable)
i. Any Other Document(s) _____

Declaration:

I do hereby declare that all the information either mentioned above or in the enclosed documents is 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)

Important Note: This application form, along with all required documents (color-scanned) to be submitted by email to Financialaid@lpu.co.in on or before the last date of application. For more details, visit <https://www.lpu.in>