

APPLICATION FORM

PRIME MINISTER'S ELECTRIC WHEELCAHIR SCHEME FOR UNIVERSITY STUDENTS – HIGHER EDUCATION COMMISSION

PHOTO

Δ.	DARTICH HARCOF THE ARRIVE AND HEADY (IN CARITAL LETTERS)
A -	PARTICULARS OF THE APPLICANT (IN CAPITAL LETTERS)
1.	Name of Applicant:
2.	Father's Name:
3.	CNIC:
4.	Permanent Address:
5.	Email:
6.	Mobile:
7.	Domicile District & City:
8.	Marital Status:
9.	Gender:
10.	Date of Birth:
11.	Age (on submission date):
12.	Current Weight (in Kg):
13.	Nationality:
14.	University/Affiliated College Name:
15.	Study Program Enrolled for (Bachelor/Master/M.Phil/PhD):
16.	Session(starting and ending year) of Degree Enrolled:
17.	Student Registration Number (given by the University):

B- EDUCATIONAL DETAIL

Level	Major Subject (s)	Institute	Start Date	End Date	Marks Obtained/ CGPA	Total Marks/ CGPA	%age/Div		
Secondary School Certificate /Matriculation/ O-level									
Higher Secondary School Certificate /Intermediate/A- level									
Bachelor's Degree									
Master's Degree									
MS/M.Phil./PhD									
Do you have a significant Ambulatory Disability requiring Electric Wheelchair for movement?									
Do you have a Valid Certificate of special ambulatory need (for Electric Wheelchair) from the relevant Government institution?									
 i. Valid Certificate of special ambulatory need (for Electric Wheelchair) from the relevant Government institution									
					Date:——				
Signature: DOCUMENT REQUIRED (By the University: Compulsory in hard form)									
i. Verification and	. Verification and Signature of the University's Authorized Medical Officer								
ii. Verified docume	i. Verified document by the University's Three Members Committee ATTACHED								
iii. Signatures of Vi	ce Chancellor / R	egistrar							