

## NOTICE

Subject: PRIME MINISTERS' ELECTRIC WHEEL CHAIR SCHEME FOR UNIVERSITY STUDENTS

It is informed to all concerned students that the Government of Pakistan has started to distribute Motorized / Electric Wheelchairs to special students (having ambulatory disability) enrolled in the Public Sector Universities. In this regard, Higher Education Commission, Islamabad has directed to advise all such students to submit dully filled application forms alongwith disability certificate and CNIC through the university concerned to HEC latest by 15-01-2019. The application forms and sample disability certificate are attached.

In view of the above, all concerned students are directed to submit dully filled application forms alongwith disability certificate and CNIC upto 10-01-2019 in the Registrar's Office Room No.205.

**Note:** applications received after due or incomplete will not be entertained.



(JAVED IQBAL)

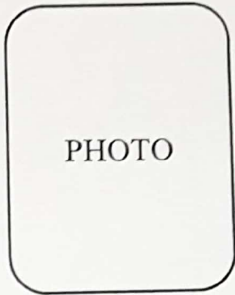
Administrative Officer (SR)

Cc:

- All Deans / Principals.
- Directors (Academic)



**APPLICATION FORM**  
PRIME MINISTER'S YOUTH PROGRAMME (Electric Wheelchair Scheme)



PARTICULARS OF THE APPLICANT (IN CAPITAL LETTERS)

1. Name of Applicant: \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. CNIC: \_\_\_\_\_
4. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Mobile: \_\_\_\_\_
8. Domicile District: \_\_\_\_\_
9. Domicile City: \_\_\_\_\_
10. Marital Status: \_\_\_\_\_
11. Gender: \_\_\_\_\_
12. Date of Birth: \_\_\_\_\_
13. Age (on submission date): \_\_\_\_\_
14. Current Weight (in Kg): \_\_\_\_\_
15. Nationality: \_\_\_\_\_
16. Enrolled for study Program (Bachelor/Master/M.Phil/PhD): \_\_\_\_\_
17. Session(starting and ending year) of Degree Enrolled: \_\_\_\_\_

EDUCATIONAL DETAIL

Level	Major Subject (s)	Institute	Start Date	End Date	Marks Obtained/ CGPA	Total Marks/ CGPA	%age/Div.	Grade
Secondary School Certificate / Matriculation / O - level								
Higher Secondary School Certificate / Intermediate / A - level								
Bachelor (14 Years) Degree								
Master (16 Years) Degree								
MS/M.Phil./PhD								
Do you have a significant Ambulatory Disability requiring wheel chair assistance for movement?								
Do you have a valid certificate of special ambulatory need from relevant government institution?								

DOCUMENTS REQUIRED

Valid certificate of special ambulatory need from relevant government institution

ATTACHED

DISCLAIMER/UNDERTAKING (By Applicant)

It is solemnly affirmed that all the particulars, provided by me are correct to the best of my knowledge. In case of any misrepresentation as identified by HEC / other agency at any stage, my application will be terminated immediately. Consequently I'll be liable to return the wheelchair and associated items / refund full cost of wheelchair with penalty.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

University Authorized Officer / Medical Officer

University Vice Chancellor / Registrar / HOD

Date:

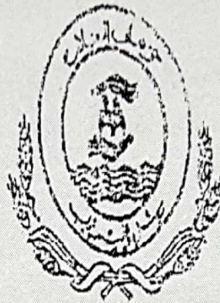


GOVERNMENT OF THE PUNJAB  
SOCIAL WELFARE, WOMEN DEVELOPMENT AND BAIT-UL-MAAL  
(PROVINCIAL COUNCIL FOR THE REHABILITATION OF DISABLED PERSONS)

S.No. \_\_\_\_\_

DATED: \_\_\_\_\_

REGNO.PCRDP/MGE/\_\_\_\_\_/201\_\_\_\_



DISABILITY CERTIFICATE

ASSESSMENT BOARD FOR THE DISABLED PERSONS DISTRICT MUZAFFARGARH.

1. Name: \_\_\_\_\_ 2. Father's Name: \_\_\_\_\_
3. Spouse: \_\_\_\_\_ 4. NIC/CNIC/NICOP No.: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_ 6. Type of Disability: \_\_\_\_\_
7. Qualification: \_\_\_\_\_ 8. Nature of Disability: \_\_\_\_\_
9. Cause of Disability: \_\_\_\_\_
10. Permanent Address: \_\_\_\_\_
11. Present Address: \_\_\_\_\_
12. Finding of Board:  (i) Fit to Work:  (ii) Not fit to Work:
13. Recommendation of the board: \_\_\_\_\_

Secretary

District Assessment Board  
District Muzaffargarh.

Verify

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

Chairman, Assessment Board,  
District Muzaffargarh.