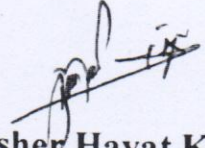


INTERNATIONAL ISLAMIC UNIVERSITY ISLAMABAD
Medical Center (Male)

NOTICE FOR STUDENTS

Dated: 28.11.2018

Reference to "*Prime Minister's Electric Wheel Chair Scheme for University Students*"; all special/disabled students of International Islamic University, Islamabad are hereby informed to apply on the enclosed form along with relevant medical documents (specimen is enclosed) for the above mentioned scheme of electric wheel chair latest by Friday 07.12.2018 and submit their applications to the Psychological Services Clinic, Medical Center (Male), IIUI. The above said application form "A" and medical specimen certificate "B" can be downloaded from the IIUI website under the tag "Prime Minister's Electric Wheel Chair Scheme". Applications received after due date shall not be entertained.


(Shamsheer Hayat Khan)
Clinical Coordinator,
Psychological Services Clinic,
Medical Center, IIUI
0346-5455115

For submission of documents and any query please contact Mr. Jahangir on:
051-9257963, 051-9019623

"A"



APPLICATION FORM

PRIME MINISTER'S YOUTH PROGRAMME (Electric Wheelchair Scheme)

PHOTO

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

"A"

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:

ce B 11

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

DATED: _____

S.No. _____

REG.NO.PCRDP/MGE/ 1212 /2011



DISABILITY CERTIFICATE

ASSESSMENT BOARD FOR THE DISABLED PERSONS DISTRICT MUZAFFARGAH.

1. Name: _____
2. Father's Name: _____
3. Spouse: _____
4. NIC/CNIC/NICOP No.: _____
5. Date of Birth: _____
6. Type of Disability: _____ 82
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 Muzaffargah.

Name: _____
Chairman, Assessment Board,
District Muzaffargah.