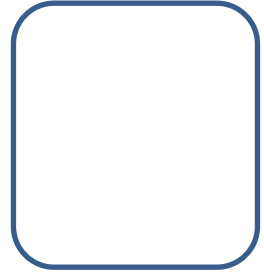


**GOVERNMENT OF SINDH
DEPARTMENT OF EMPOWERMENT OF
PERSONS WITH DISABILITIES**

G.R NO. _____



Name of Centre/Institute: _____

ADMISSION FORM

"To be filled in by the Parents / Guardian"

- 1 Name (Capital letters): _____
- 2 Father's / Guardian Name: _____
- 3 Date of Birth (In words): _____ (In figure) _____
- 4 Nationality: _____ Relegion _____
- 5 Father's / Guardian's Qualification: _____
- 6 Father's / Guardian's Occupation: _____
- 7 Father's / Guardian's Address: _____

- i). Present: _____
- ii). Permanent: _____
- 8 Telephone #: _____ Occupation: _____

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9 C.N.I.C No of Father's/Guardian's

10 **DISABILITY OF CHILD**

- i). Nature: _____
Date of on set: _____
- 11 ii). Other: _____
- Class in which admission is sought: _____
- Last attended schools: _____
- Sibling / relatives already studying in the centre: _____

(Certified that the above information is correct to the best of my knowledge).

ENCLOSURES:

- 1 Birth Certificate of the Child or "B" form issued by **NADRA**
- 2 PASSPORT SIZE PHOTOS. 03 Nos.
- 3 General Medical Check-Up Report
- 4 CNIC OF THE FATHER'S /GUARDIAN.

Undertaking:

- i). To abide by the rules and regulation of the School/Centre
- ii). To accept all decisions of the school taken from time to time
- iii). To arrange transport for my child in Case of Seat in School van is not available or if Child's residence is out of approved route.
- iv). To respond to every call of school administration positively
- v). To regularly supervise the home assignments given to child
- vi). To cooperate with the Social Case Worker and Teacher when ever they visit Child's residence.

NOTE: Pick and Drop facilities to the students will only be provided on the route of the transport already decided by the centre's authorities.

Date _____ Signature of the Fathers's/ Guardian _____

Remarks

Admission approved/Not approved with reason

PRINCIPAL

