

Allied Schools

Project of Punjab Group of Colleges



Admission Registration For Physically Disabled Children

Campus: _____ City: _____ Region: _____

1. Child's Particulars:

Full Name: _____ Gender: Male Female

Date of Birth: _____ Last Class Passed: _____ Last School Name: _____

Admission Required in Class: _____ Year: _____ Session: March August

Nature of Physical Disability*: _____

(*Attach copy of Medical Certificate)

2. Parent Particulars: Relationship with child: Father Mother Custodian

Full Name: _____ CNIC No: _____

Mailing address: _____

_____ E-mail: _____

Landline No: _____ Cell Phone: _____

3. Attachments:

Copy of NADRA Form 'B' (Child) Copy of Parent CNIC

Copy of Medical Certificate Last School Certificate (if applicable)

4. Declaration by the Parent:

I declare that information given above is true and understand that admission will be subject to clearance of child's Admission Test and Interview, as per Rules.

Date: _____

Parent Signature: _____

For Official Use Only (In-charge Admission Office / Principal)

Particulars and Physical Disability Verified.

Degree of Disability: 25% 50% 75% 100%

Attachments are: Complete Incomplete Process

Remarks: _____ *Test / Interview due on: _____

Date: _____ Name: _____ Signature: _____

*Result: Admitted Not Admitted Wait Principal's Signature: _____