



Virtual University of Pakistan

M.A. Jinnah Campus. Defence Road off Raiwid Road, Lahore.

PROFORMA FOR DISABLE STUDENTS

Candidate/Student's Credentials

Name of Student: -----S/D/O-----

Degree program: -----CNIC: -----

Admission Form No. -----Student Id (if already enrolled) -----

Type of Disability: -----Nature of Disability: -----

Cause of Disability: -----

Student use wheelchair Yes ☐ No ☐

Issuing Authority: -----

Physical Verification from Concerned Campus Manager/Administrator of Virtual Campus

Remarks: It is hereby verified that student had visited the Campus along with original disability certificate and CNIC (*which duly issued to disable persons only*) and he/she was found

Disable Yes ☐ No ☐

Name of CM/Administrator: -----Signature: -----

Campus Name with Code: -----

Official Stamps: -----

For Registrar's Office Only:

Remarks: **Processed/Not Processed:** -----

Name/Signature of the Concerned Officer: -----