



APPLICATION FORM

PRIME MINISTER'S YOUTH PROGRAMME (Electric Wheel Chair 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. Fax: _____
9. Domicile: _____
10. Domicile District: _____
11. Domicile City: _____
12. Marital Status: _____
13. Gender: _____
14. Date of Birth: _____
15. Age (on submission date): _____
16. Nationality: _____

EDUCATION DETAILS

Level	Program	Discipline	Institute	Field of Study	Start Date	End Date	CGPA/Marks Obtained	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											
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

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 / Rector / Head

Date:

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

S.No. _____

DATED: _____

REG.NO.PCRDP/MGH/_____/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: _____
3. 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.

Verified: _____

Name: _____
Chairman, Assessment Board,
District Muzaffargarh.