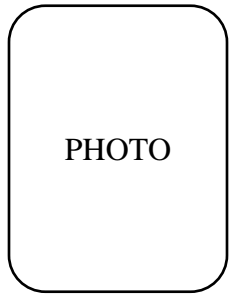




APPLICATION FORM
PRIME MINISTER'S ELECTRIC WHEELCHAIR SCHEME FOR UNIVERSITY
STUDENTS – HIGHER EDUCATION COMMISSION



A- PARTICULARS OF THE APPLICANT (IN CAPITAL LETTERS)

1. Name of Applicant: _____
2. Father's Name: _____
3. CNIC: _____
4. Permanent Address: _____

5. Email: _____
6. Mobile: _____
7. Domicile District & City: _____
8. Marital Status: _____
9. Gender: _____
10. Date of Birth: _____
11. Age (on submission date): _____
12. Current Weight (in Kg): _____
13. Nationality: _____
14. University/Affiliated College Name: _____
15. Study Program Enrolled for (Bachelor/Master/M.Phil/PhD): _____
16. Session(starting and ending year) of Degree Enrolled: _____
17. Student Registration Number (given by the University): _____

B- EDUCATIONAL DETAIL

Level	Major Subject (s)	Institute	Start Date	End Date	Marks Obtained/ CGPA	Total Marks/ CGPA	%age/Div.
Secondary School Certificate /Matriculation/ O-level							
Higher Secondary School Certificate /Intermediate/A- level							
Bachelor's Degree							
Master's Degree							
MS/M.Phil./PhD							
Do you have a significant Ambulatory Disability requiring Electric Wheelchair for movement?							
Do you have a Valid Certificate of special ambulatory need (for Electric Wheelchair) from the relevant Government institution?							

C- DOCUMENTS REQUIRED (by the Student)

- i. Valid Certificate of special ambulatory need (for Electric Wheelchair) from the relevant Government institution ATTACHED

D- DISCLAIMER/UNDERTAKING (By Applicant)

- i. 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 Electric Wheelchair and associated items / refund full cost of wheelchair with penalty.

Date: _____

Signature: _____

E- DOCUMENT REQUIRED (By the University: Compulsory in hard form)

- i. Verification and Signature of the University's Authorized Medical Officer _____

- ii. Verified document by the University's Three Members Committee ATTACHED

- iii. Signatures of Vice Chancellor / Registrar _____