



APPLICATION FORM
PRIME MINISTER'S YOUTH PROGRAMME (Electric Wheelchair 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. Domicile District: _____
9. Domicile City: _____
10. Marital Status: _____
11. Gender: _____
12. Date of Birth: _____
13. Age (on submission date): _____
14. Current Weight (in Kg): _____
15. Nationality: _____
16. Enrolled for study Program (Bachelor/Master/M.Phil/PhD): _____
17. Session(starting and ending year) of Degree Enrolled: _____

EDUCATIONAL DETAIL

Level	Major Subject (s)	Institute	Start Date	End Date	Marks Obtained/ CGPA	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								
MS/M.Phil./PhD								
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 (By Applicant)

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 / Registrar / HOD

Date: