

**GOVERNMENT SPECIAL EDUCATION COMPLEX  
SHAMSIA COLONY, OKARA  
PH.No. 044-9200168**

Special Education Centre for -----

**ADMISSION FORM**  
(To be filled in by the Parents / Guardians)

**Registration No.** \_\_\_\_\_ **Date**-----

1. Name \_\_\_\_\_

2. Father / Guardian's Name \_\_\_\_\_

3. N.I.C No. \_\_\_\_\_

4. Father / Guardian's Qualification \_\_\_\_\_

5. Religion \_\_\_\_\_

6. Nationality \_\_\_\_\_

7. Date of Birth \_\_\_\_\_

8. Father / Guardian's Occupation \_\_\_\_\_

9. Monthly Income \_\_\_\_\_

10. Postal address \_\_\_\_\_

11. Present address \_\_\_\_\_

**12. Disability of Child:-**

a. Nature \_\_\_\_\_ b. Date of onset \_\_\_\_\_

13. Class in which the admission is required. \_\_\_\_\_

Certified that the above information is correct to the best of my knowledge.

**ENCLOSURES:-**

- Birth certificate / CNIC
- General Medical Check up Report
- Two passport size photographs
- School leaving certificate is required

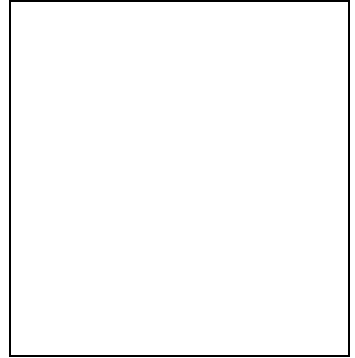
**UNDERTAKING:-**

- I. To abide by the rules and regulation so the complex.
- II. To accept all decision of the complex authorities taken from time to time.
- III. To arrange transport for my child in case a seat in complex Van is not available or if child's residence is at odd/remote place.
- IV. To respond every call of school administration positively.
- V. To regularly supervision the home assignments given to my child.
- VI. To accept any accidental mishappening give to my child without holding the administration responsible.

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**(SIGNATURE OF FATHER GUARDIAN)**

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**Signature of Admission Committee**

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**Signature of Deputy Director**



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**APPLICATION FORM FOR REGISTRATION**

Please register the name of my Son / Daughter as a candidate for admission in “ Special

Education Centre for \_\_\_\_\_, Okara”

Necessary particulars are given below:-

1. Name \_\_\_\_\_
2. Father’s Name \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Tele No. \_\_\_\_\_ Off. \_\_\_\_\_ Cell No. \_\_\_\_\_

6. Disability  
a) Nature \_\_\_\_\_  
b) Cause \_\_\_\_\_

Date of application \_\_\_\_\_ Signature of applicant \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of registration \_\_\_\_\_

Registration No. \_\_\_\_\_

Signature of committee \_\_\_\_\_