



BACHA KHAN UNIVERSITY
CHARSADDA, PAKISTAN

Phone No: 091-6540064. Fax No.091-6540069

No. 3213 / Reg/BKUC/2018/

Date: 26 /06/2018

To

The All Heads of Teaching Departments
Bacha Khan University, Charsadda.

Subject: **Prime Ministers Electric Wheel Chair Scheme for University Students**

Sir,

Reference to letter No. 15-28/A&C/HEC/2017/675 dated June 01, 2018 on the subject cited above, I am directed to inform you that HEC under the Prime Ministers Electric Wheel Chair Scheme would like to facilitate all such students having ambulatory deficiency and enrolled in public sector Universities.

In this regard you are requested to provide the details of disable students enrolled in your respective department on prescribed **Application Form** along with **Disability Certificate** latest by 28th June 2018 to the undersigned for onward proceedings to the Higher Education Commission, Islamabad (Application Form attached).

Issued with the approval of the Competent Authority.

No. 3214-18 / Reg/BKUC/2018/

Assistant Registrar (Estt)

Copy to:-

1. Concerned Department
2. P.S to Registrar
3. P.S to Vice Chancellor
4. ~~_____~~

Assistant Registrar (Estt)

Muhammad
Asad
26/06/18



APPLICATION FORM
PRIME MINISTER'S YOUTH PROGRAMME (Electric Wheel Chair Scheme)



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:

