



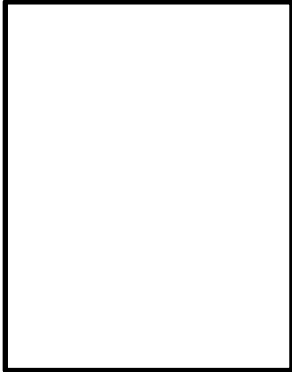
# CENTER OF EXCELLENCE FOR THE DEAF

**A Project of PAKISTAN ASSOCIATION OF THE DEAF**

**Plot No.A-513/ 3,Sector 6-A,Mehran Town Korangi Industrial**

Email: [ced@padeaf.org](mailto:ced@padeaf.org) website: [www.padeaf.org](http://www.padeaf.org) Phone No.0305-3099183

## Admission Form



Applied for Class \_\_\_\_\_ Session \_\_\_\_\_

G.R No. \_\_\_\_\_ Date \_\_\_\_\_

Student's Name : \_\_\_\_\_

Father's Name (Deaf / Hearing) : \_\_\_\_\_

CNIC Number : \_\_\_\_\_

Mother's Name (Deaf / Hearing) : \_\_\_\_\_

CNIC Number : \_\_\_\_\_

Religion : \_\_\_\_\_ Nationality : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Place of Birth : \_\_\_\_\_

Gender : (M) (F) Any Allergy or disease: (Yes) (No)  
(If "Yes" Attach Medical report)

Home Address (Permanent) : \_\_\_\_\_

Home Address (Rental) : \_\_\_\_\_

Phone : \_\_\_\_\_ Mobile : \_\_\_\_\_

Father's / Guardian Occupation : \_\_\_\_\_

Monthly Income : \_\_\_\_\_

Previous School : \_\_\_\_\_

Reason for leaving last School : \_\_\_\_\_

Detail of Siblings :

Name	Disability	Age	Class	Institution

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Admission Incharge

\_\_\_\_\_  
Principal

### Documents required for Admission

▪ Parents NIC copies	▪ Photographs
▪ Child's birth certificate copy	▪ Previous school leaving certificate