



DEAF EMPOWERMENT & EDUCATION CENTER

A project of Pakistan Association of the Deaf (PAD)

23/A, PECHS, Block 6, M-1 Shaheen Tower, Shahrah-e-Faisal, Karachi - Pakistan.
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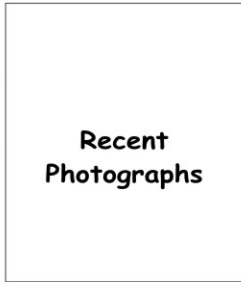
ADMISSION FORM

Form No: _____

Registration No. : _____ Date of Admission: _____

Member Card No. : _____ Dated: _____

Course Title: _____ Duration : _____



1. Name (in Block Letter): _____

2. Father's/Guardian's Name: _____

3. Date of Birth: _____ 4. Domicile: _____

5. Place of Birth: _____ 6. Single/Married: _____

7. Religion: _____ 8. Nationality: _____

9. I.D. Card No: - -

10. Contact No's: _____

11. Present Address: _____

12. Permanent Address: _____

13. Academic Qualification:

S.#	School/College/University	Passed in Academic Year	Div % Grade

Signature of Student: _____ Signature of Parents / Graduation: _____

Note: Information detailed above will be verified, successful candidates will have to appear for interview and admission confirmation. Deaf Empowerment & Education Center classes will start on the Schedule dates as programmed.

For office use

14. Test Score: _____ Serial No: _____ Dated: _____
(Applicable to Instructor for mentioning test score)

Course Title : _____ Date: ____/____/200

Signature of Administrator: _____