

National University of Modern Languages Academics Branch

(Student Guidelines)

Proforma for Students with Disabilities

Name:		
Father Name:		
Date of Birth:		
CNIC / Form B No:		
Mailing Address:		
Contact No.		
(Home/ Mobile):		
Email Address:		
Linaii Addiess.		
Contact No. (In case of		
Emergency):		
Discipline of Admission:		
Disability:		
Nature of Disability		
(Natural / Accidental):		
Detail of Disability:		
Details of Facility		
Required e.g. Entry test (if any)		
(ii aiiy)		
I hereby declare, that the abo	ove mentioned information is o	complete and correct best of my
		ether deliberate or the result of
	from the admissions procedur	
		
Applicant's Signature		Father / Guardian's Signature
		CNIC:

For any query or further clarification, please contact following: -

- Dr. Ambreena Qayyum, Assistant Professor, English (GS) Department, Cell: 0300-5355078
- Dr. Abu Bakar Bhutta, Advisior Students Affairs, Cell: 0334-5507768