



APPLICATION FORM FOR BRAILLE PROFICIENCY TEST SESSION

Directorate General of Special Education 31-Sher Shah Block New Garden Lahore.

Please select category: Visually Impaired

Sighted Candidates:

Name _____

(Capital Words)

Father's Name _____

(Capital Words)

Date of Birth _____

Gender: _____

District: _____

CNIC

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Address _____

Phone No _____

Cell No. _____

Education Records:

Exam Passed	Name of /Board/University	Passing Year	Obtained Marks
Matric			
F.A/F.Sc			
B.A/B.SC/B.S (Honors)			
B.Ed Honour (04 years)			
M.A			
Other			

Instructions:-

- I read SOP's regarding Braille Proficiency Test from Special Education web site.
- I hereby, declared that I will obey all the rulers & regulations of the test.
- Candidates should attach attested documents i.e copies of degree/result cards, Disabilities certificate (Visually Impaired only), copy CNIC.
- The candidate must bring their relevant original documents along with original CNIC and Braille Frame/Stylus/Perkins at the time of test.
- Qualification for Braille test :-a) (Intermediate for V.I candidates) (b) (16 years Education for sighted candidates)
- Incomplete information and bogus document will not be entertained.
- Reporting time for Braille Proficiency Test must be 30 minutes before the commencement of the test.
- Reader who will read ink print paper for blind candidate (the minimum qualification of reader will be matriculation).
- Application after due date will not be considered.
- I will avoid submitting duplicate application.
- I certify that all above mentioned information is correct and attached required documents.
- Postal Address: Directorate General of Special Education 31-Sher Shah Block New Garden Lahore.

Applicant's Signature/Impression _____