

**REGISTERED**



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No.SO(ESTT)34-70/2014  
**GOVERNMENT OF THE PUNJAB**  
**SPECIAL EDUCATION DEPARTMENT**  
31-Sher Shah Block New Garden Town, Lahore.

Dated Lahore the 09<sup>th</sup> June, 2021

To

**Mr. Salman Shahid,**  
Audiologist (BS-17),  
Govt. Degree College of Special Education,  
Lahore.

Subject: **REQUEST FOR ISSUANCE OF QUALIFICATION ALLOWANCE**

I am directed to refer to your application on the subject noted above and to direct you to submit attested copy of degree from Higher Education Commission and equivalence certificate issued by Higher Education Commission, to proceed further.

  
**SECTION OFFICER (ESTT.)**

**C.C**

PS to Secretary, Special Education Department.