

REPORT OF ASSESSMENT REGISTERED DISABLED PERSONS
BY THE DISTRICT ASSESSMENT BOARD

- 1. Name of Disabled Person:_____
- 2. Father’s Name:_____
- 3. Identity Card No:_____
- 4. Date of Birth:_____
- 5. Education Status:_____
- 6. Permanent Address:_____
- Present address: _____
- 7. Previous Training Traders /Skills, if any_____
- 8. Registration No. and Name of _____
- Registration Department: _____
- Where Registered _____
- 9. Nature of disability Claimed_____

Not Disabled / Disabled Person
Yes / No

- 10. Finding Board:
- I. Fit to Work
- If it Specify Job_____
- II. Prosthesis if any required_____
- III. Training if any required for working (Specify)
- Nature and duration_____
- IV. Protective Equipment if any
- Recommended avoid hazard_____
- V. Medical Treatment if any
- Recommended_____

Signature

Medical Superintendent
District Headquarters Hospital
Chairman of the Board_____

Vocational Guidance Officer /Lecturer
in Applied Psychology (Member)_____

Representative of Technical Training
Wing of Directorate of Manpower
And Training (Member)_____

District Officer,
Social Welfare (Secretary Member):_____

(Insignia)
APPLICATION FOR REGISTRATION

Photograph

To

The Manager, Employment Exchange (Service),
Lahore



Dear Sir,

I requested that my name, address and qualification, as stated, may be registered on the register of Employment Exchanges / Lahore for reference to Punjab Provincial Council for RDP as a disabled and that I may be furnished with a Certificate of Registration.

1. Name in full (in blockletters)_____
2. Father’s Name:_____
3. Type of Disability_____
4. Date of Birth:_____
5. Marital Status_____
6. No. of dependent family_____
7. PermanentAddress:_____
- _____
8. Nationality_____
9. District of Domicile_____
10. Religion_____
11. Particulars of qualification / Training

Name of the University / College / Institute	Examination passed	Year	Division / grade	Subject / Training	Certificate / Diplomat Degree

- i. Literate upto
- ii. Professional affiliation with status

12. Detail of Specialization (if any)_____
13. Detail of Occupation

Name of Employer	Post held	From	To	Description of Job with achievement	Last pay drawn

14. Occupation / Job (for which
You consider yourself fit)

15. Any other information which
may be helpful in assessing
your suitability for a job.

16. I certify that the above particulars mentioned by me are correct. I undertake to inform the Manager, Employment Exchange / Lahore where my name is registered as disabled person, of any change in my postal address and profession. I further submit that I have neither APPLIED for registration nor am already registered under the Ordinance with any other Employment Exchange / and shall not make any application in this respect to any other employment Exchange / without intimation to the Employment Exchange / to which the present application in being made.

Yours faithfully,

Signature of Attesting Officer
With seal of office

Signature / thumb Impression_____

Identity Card No._____

Date_____

INSTRUCTIONS

As far possible this application form will be filled by the applicant in this own handwriting or typed. The form and the certificates attached shall be attested by a Gazetted Officer of the provincial / Federal government. Photostat attested copies are to be enclosed as under.

- i) Copies of the Degrees / Diplomas/ Certificates and experience Certificates.
- ii) Copies of the National Identity Card. In case, the identity card has not been obtained for any reason a Photostat copy of the receipt of application form for identity card as issued by the Regional Officer concerned may be submitted.
- iii) Two copies of passport size photographs duly attested by a Gazetted Officer.

OFFICE OF THE MANAGER EMPLOYMENT EXCHANGE SERVICE LAHORE

FORM NO. NCRDP-II

(Referred to in Rule 22 (2))

Particulars of Disabled Persons Registered During the Fortnight Ending on _____

Registration No.	Date of Registration	Name of Disabled Persons	Father's Name	Date of Birth / age of Disabled Person	Marital Status	No. of Dependent Family Members	Name of Extent of Disability	Qualification
1	2	3	4	5	6	7	8	9

Specialization Training / Attainment	Permanent Address	Present Address	Professional Affiliation with Status	Occupation for which the Disabled Person is a Candidate	No. & Date of Reference to the Council	No. & Date of the Advice of Council
10	11	12	13	14	15	16

Endorsement on the basis of Advice of the Council			
17			
Found Fit for the Job of	Recommended Training in the Occupation of	Not Found Fit for any Job	Not Found a Disabled Person

