**The Deputy Director/ Principal /In-charge, Dated:­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RCMHC/RCPH/Special Education & Rehabilitation Centre,**

**Department of Empowerment of Persons with Disabilities,**

**Government of Sindh,**

**District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Subject: REQUEST FOR ISSUANCE OF DISABILITY REGISTRATION CERTIFICATE.**

**R/Sir/Madam,**

With due respect, it is submitted that I am a person with disability. Therefore, it is requested that kindly issue me a disability registration certificate.

**My particulars are as under:-**

**NAME Mr. /Ms. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**S/O, W/O, D/O : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TYPE OF DISABILITY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CNIC # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If any)**

**CONTACT # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**QUALIFICATION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If any)**

**ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF THE APPLICANT.**

**Check list (Tick) the Documents you are have.**

1. CNIC #05 Copies.
2. Photos 05 Copies (Passport size).
3. If under 18 B Form or Birth Certificate with Father CNIC (5 Photocopy) issued from NADRA.
4. Educational Certificate 05 Copies.
5. Proof of Age (5 copies of Related Documents)
6. Medical History (Related Documents (5 copies).