



GOVERNMENT TRAINING COLLEGE FOR TEACHERS

OF THE DEAF 40-T, GULBERG - II, LAHORE

ADMISSION FORM

Session
202

3 PASSPORT SIZE
PICTURES
ATTACHED HERE.

Write name and
form No in the
Background of
pics.

FORM NO..

Name of Program:

Area of specialization (Please tick only one)

Area of (H.I) is offered subject to qualify the written test after 6th semester.

Name of applicant: _____
As per matric

Applicant's CNIC

- -

Father's Name _____
As per matric

Father's CNIC

- -

Gender : Male Female Date of Birth ____ / ____ / ____ Nationality _____

Marital status Yes / No _____ Religion _____ Province _____ Country _____

Domicile District _____ City _____ Address _____

Blood Group _____

Mobile _____ Father's Mobile _____ Active E- mail _____

E-mail must be active & working

FOR GOVT. EMPLOYEES

Name of Department: _____ Address _____ BPS _____

DISABILITY

Any Disability detail: _____

DECLARATION: I declare that I am applying for admission and the particulars given in this application / form are correct in my knowledge. In case of false entry my admission will be cancelled. I have read the prospectus of the institute as well as the admission requirements. I agree to obey all the rules and regulations given therein. I further declare that I shall submit myself to the disciplinary jurisdiction of the Principal and other authorities of the institute.

Signature _____
(father / Custodian)

Signature _____
(Applicant)

DOCUMENTS REQUIRED

- o 3. Attested Passport size photos
- o Attested copies of all academic documents.
- o Attested CNIC copy (student+ Father's)
- o Medical Certificate
- o Disability Certificate (if any)

NOTE: Incomplete admission form will be rejected, if the college authorities found any bogus and incomplete information given by candidate, his / her name will be struck-off

web site: www.gtctd.edu.com
e-mail: principal.gtctd@gmail.com

FOR OFFICE USE ONLY

1	2
3	4

Signature of the members of admission committee

Remarks _____

PRINCIPAL