

# ADMISSION FORM

To,  
The Principal

## NATIONAL INSTITUTE FOR DEAF

Satellite Town Gujranwala (Ph. No.055-3736505, E-mail:info@nid1969.org)

Ref. No. \_\_\_\_\_

Dated \_\_\_\_\_

### I request the Favour of admitting my Son/Daughter

Name of Student \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Religion \_\_\_\_\_ Caste \_\_\_\_\_ Date of Birth \_\_\_\_\_

Class \_\_\_\_\_ Monthly Income of Father/ Guardian \_\_\_\_\_

### Family History

Order of Birth \_\_\_\_\_ Father's Name \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Parents alive or dead \_\_\_\_\_ Grand Parents alive or dead \_\_\_\_\_

Maternal Impression during Pregnancy \_\_\_\_\_

\_\_\_\_\_

Birth Condition \_\_\_\_\_ Parents Health \_\_\_\_\_

Present condition of House \_\_\_\_\_ Parent Health \_\_\_\_\_

### Personal History

First Walk \_\_\_\_\_ First Talk \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

General Health \_\_\_\_\_ School History \_\_\_\_\_

**General Behaviour**

- 1) Cheerful    2) Socialable    3) Fearful/ Insecure    4) Depressive    5) Rigid  
6) Quarrelsome    7) Pssive/ Careless    8) Obedient    9) Self centered    10) Shy  
11) Withdraw    12) Demanding

**Emotional Process**

1) Habits \_\_\_\_\_ 2) Speech \_\_\_\_\_ 3) Movement \_\_\_\_\_

Interaction with family \_\_\_\_\_ Interaction with Group \_\_\_\_\_

Reason of Deafness \_\_\_\_\_

Permanent Address \_\_\_\_\_

Present Address \_\_\_\_\_

Tel. No. \_\_\_\_\_ Tehsil \_\_\_\_\_ District \_\_\_\_\_

Certified that the date of birth given above, is correct to the best of my belief and that is according with that given in the horoscope and the Municipal of Cahokia's Birth Register.

Signature of Parents/ Guardian

Please admit under rules

Headmistress/ Principal

Admission No. \_\_\_\_\_ Date \_\_\_\_\_ Donation \_\_\_\_\_

