

**PANJAB UNIVERSITY, CHANDIGARH**

EO-Cell-PwDs, Guru Teg Bahadur Building

Opposite USOL, PU Chandigarh.

Phone no. 0172-2534393 Email: [eoc@pu.ac.in](mailto:eoc@pu.ac.in)

Ref. no. D-EOC/23/159

Dated: 21-08-2023

**Subject: Regarding data of PwDs students of Panjab University, Chandigarh.**

It is submitted that Equal Opportunity Cell for Persons with Disabilities is collecting data of PwDs students studying in the departments/regional centres of Panjab University. In this regard, all the Chairpersons/Director of all teaching departments and Regional Centres are requested to provide the information of all PwDs students in their departments/centres. The desired information has to be fill up by the PwDs students on the prescribed pro forma attached with this notification and shall be verified by the Chairperson/Director of the department/Regional Centre accompany with Unique Disability ID (UDID) card/Disability Certificate of the student/s.

The enclosed pro forma shall be submitted to the EOC-PwDs office by Email/Hand/Post on the address given below:

1. By Email: [eoc@pu.ac.in](mailto:eoc@pu.ac.in)

2. By Hand/Post:

**The Coordinator**

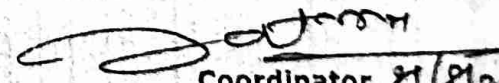
**Equal Opportunity Cell for Persons with Disabilities**

**Room No. 214, 1<sup>st</sup> Floor**

**Guru Teg Bahadur Bhavan, Opposite USOL**

**Sector 14**

**Chandigarh - 160014.**

  
Coordinator 21/8/23  
21-08-2023

✓ Issued to all Departments and Regional Centers of Panjab University, Chandigarh.

**MANDATORY INFORMATION TO BE FURNISHED BY THE STUDENTS  
(Fresher/Ongoing) OF PwDs CATEGORY ADMITTED IN PANJAB UNIVERSITY:**

- I. NAME OF STUDENT:- \_\_\_\_\_
- II. FATHER'S/GUARDIAN NAME:- \_\_\_\_\_
- III. DEPARTMENT/CDOE/PRIVATE:- \_\_\_\_\_
- IV. UNIVERSITY REGISTRATION No.:- \_\_\_\_\_
- V. PHONE No.:- \_\_\_\_\_
- VI. EMAIL:- \_\_\_\_\_
- VII. COURSE:- \_\_\_\_\_
- VIII. SESSION:- \_\_\_\_\_
- IX. RESIDENCE ADDRESS:- \_\_\_\_\_
- X. PHONE NO. OF FATHER/GUARDIAN:- \_\_\_\_\_
- XI. HOSTEL ADDRESS, IF ANY:- \_\_\_\_\_
- XII. TYPE OF DISABILITY WITH PERCENTAGE:- \_\_\_\_\_
- XIII. UDID/MEDICAL CERTIFICATE NO. (ATTACHED COPY):- \_\_\_\_\_
- XIV. ANNUAL INCOME FOR ALL SOURCES:- \_\_\_\_\_
- XV. NAME THE SPORTS ACTIVITY IN WHICH YOU ARE INTERESTED:- \_\_\_\_\_
  - a. Achievements, if any:- \_\_\_\_\_
- XVI. NAME THE CULTURAL ACTIVITY IN WHICH YOU ARE INTERESTED:- \_\_\_\_\_
  - a. Achievements, if any:- \_\_\_\_\_

**VERIFIED BY:** \_\_\_\_\_

**Signature of Student**

**Seal and Signature of the Chairperson**

**DEPARTMENT:** \_\_\_\_\_