DISABILITY UNIT
(Department of Education)
ALIGARH MUSLIM UNIVERSITY, ALIGARH
APPLICATION FORM
VOLUNTEER - 2015-16

1. Name ................................................................. 2. Class .............................................

3. Date of Birth ........................................... 4. En. No. .....................................

5. Nationality ............................................. 6. Male /Female ................................

7. Local Contact
   Address ..............................................................................................................................
   ...........................................................................................................................................
   Mob./Tel No. ....................................................... E-mail ID. ................................

8. Educational Qualification:

<table>
<thead>
<tr>
<th>Exams Passed</th>
<th>Year</th>
<th>Board/Uni.</th>
<th>Subject Offered</th>
<th>Division</th>
<th>% of Marks</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Any experience as
   Volunteers .................................................................
   ..............................................................................................................................

10. Knowledge of Computer: Yes/No

I, ........................................................................... Hereby solemnly declare that the entries
made by me in the above columns are true to the best of my knowledge and belief and if found
incorrect action may be taken against me.

Date .................................................. ..................................................
Enclosures: .......................................................... (Signature of the applicant in full)
1. Photocopy of Identity Card/Continuation Card/Admission Card
Certified that Mr./Ms. .................................................. En. No. ..........................
Class ........................... Year ....................... Is a bonafide student of this Hall/Institution.
Signature & Seal of forwarding authority
(Provost/Chairman/Principal)
OFFICE OF THE COORDINATOR
DISABILITY UNIT
(DEPARTMENT OF EDUCATION)
ALIGARH MUSLIM UNIVERSITY,
ALIGARH – 202002

Dr. Abdul Hamid Fazili
Coordinator
D.No. 1937/DU

Dated: 12.08.2015

NOTICE

Applications are invited from the visually Challenged students of AMU for issuing the Angel (Recording Device) from the Disability Unit, AMU, Aligarh. Application forms are available in the Office of the Disability Unit. Application form with attested documents duly forwarded by the Provost or Head of the Institution must reach to the Office of undersigned by 31st August, 2015.

(Dr. Abdul Hamid Fazili)
Coordinator

Copy to:-
1. All Provosts Hall of residence/NRSC
2. Librarian, M.A. Library (Braille Section)
DISABILITY UNIT  
(Department of Education)  
Aligarh Muslim University,  
Aligarh – 202002

D.No. 1005/DU  
Dated: 12.08.2015

NOTICE

Applications are invited from the bonafide students of AMU for the selection of VOLUNTEERS to work for the welfare of the physically challenged students.

Application with attested documents & photo duly forwarded by the Provost or Head of the Institution must reach to the office of undersigned by 31 August, 2015.

Application form may be download from Disability Unit website.

(Dr. Abdul Hamid Fazil)  
Coordinator

Copy to:-

1. Dean Students’ Welfare/Proctor  
2. All Deans and Chairmen of the Departments  
3. All Provosts & Maulana Azad Library, AMU
NOTICE

The visually challenged students can apply for the following scholarships. The details are available on the following websites. For more details contact on telephone or e-mail given below:

   - Phone: 011-27054082, 27050915
   - Email: aicbdelhi@yahoo.com
   - Website: www.aicb.org.in
   - abuelhi@rediffmail.com

2. **Marga Schulze Foundations scheme for grant of Laptops with screen Readers to visually impaired girl- students latest by 31st August, 2015**
   - Phone: 011-27054082, 27050915
   - Email: aicbdelhi@yahoo.com
   - Website: www.aicb.org.in
   - abuelhi@rediffmail.com

3. **Marga Schulze Merit Scholarship Scheme for Higher Education of Girls with Visually Impairment latest by 31st August, 2015.**
   - phone: 011-27054082, 27050915.
   - Email: aicbdelhi@yahoo.com
   - Website: www.aicb.in

You may obtain the application form from the office of the Disability Unit, (Department of Education) during working hours, working days.

(Dr. Abdu Hamid Fazili)
Coordinator

Copy to:-
1. P.A. to vice -chancellor/Pro-vice-Chancellor & Registrar
2. Dean Students Welfare
3. Visually Challenged Students through their Provost
4. Brief Section. M.A.L