Government College Kali Mori Hyderabad

Constituent College of GC University Hyderabad

Application Form for Disabled Quota / Sports Quota

Admission Session: _____

Candidate Information

Candidate ID/Form: _____

Name: _____

Father's Name: _____

CNIC / B-Form No.: _____

Program / Group: _____

Mobile No.: _____

Quota Applied For

☐ Disabled Quota (DQ)

☐ Sports Quota (SQ)

Relevant Information

Disability Type / Sport: _____

Declaration

I hereby declare that the information and documents submitted are true and authentic. I understand that submission of any false, fake, or forged document will result in cancellation of my admission and legal action, if applicable.

Candidate's Signature: _____

Date: _____

For Office Use Only

Verified By: _____

☐ Approved ☐ Rejected

Signature: _____