



JSS MAHAVIDYAPEETA

JSS INSTITUTE OF SPEECH AND HEARING, MYSORE 570 006

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Affix
attested
photo

Application for the admission for the B.ASLP course year 20.. -20

01	APPLICATION No.	For office use only
03	Name of the candidate (as given in 10 th Std. marks sheet)	
04	Father's name (Educational qualification/phone number/ email address)	
05	Mother's Name (Educational qualification/ phone number/ email address)	
06	Annual Income of Parent	
07	Guardian's name and relation (if parents are not alive)	
08	Permanent Address H.No. Street / City State Country Pin Code Communication address <input type="checkbox"/>	Temporary Address H.No. Street / City State Country Pin Code Communication address <input type="checkbox"/>
09	Date of Birth	Day Month Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10	Gender	Female <input type="checkbox"/> Male <input type="checkbox"/> Gender neutral <input type="checkbox"/>
11	Nationality	Indian <input type="checkbox"/> Foreign <input type="checkbox"/>
12	Religion	
13	Caste	

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12	Category under which you wish to apply	GM <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>
		OBC <input type="checkbox"/>	PH (Ortho) <input type="checkbox"/>	
		EWS <input type="checkbox"/>		
13	Candidate's mother tongue (Other language known)			
13	Qualifying examination passed: Subject studied - Total marks - Marks obtained - In percentage (%) - If CGPA, equivalent to % -			
15	Pre-University Awarding Board			
16	Enclosures 1. SSLC Marks Card 2. PUC Marks Card 3. Conduct certificate 4. Income Certificate 5. Caste Certificate (If any) 6. Transfer certificate 7. Aadhar card			
17	Source of Referral			
18	Do you require hostel facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

DECLARATION

I hereby solemnly and sincerely affirm that the statement made and information furnished in my application form and also in the enclosures thereto submitted by me are true, should it, however be found that any information furnished there in is untrue in material particulars, I realize that I am liable to criminal prosecution and the seat given to me shall be liable to be forfeited.

Signature of the Parent/Guardian

Place:

Date:

Signature of the Candidate

Place:

Date:.

For Office use only

Amount of fee paid: Rs.

Receipt No:

Date:

Director