



JSS MAHAVIDYAPEETA
JSS INSTITUTE OF SPEECH & HEARING
MG ROAD, MYSURU-570004. Ph: 0821-2548229 Fax: 2548230
Email: jssishmys@rediffmail.com/jssish@jssonline.com

(Affiliated to the University of Mysore, Recognized by Rehabilitation Council of India)

Application for Admission to M.Sc (SLP) Course-Year-2022-23

Sl. No. _____

Stamp Size
Photo

Name of the applicant (in block letters)			
Father's Name, Qualification & Occupation Mother's Name, Qualification & Occupation			
Name of the Guardian & relationship			
Date of Birth	Date	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal particulars (a) Place of Birth (b) Nationality (c) Religion (d) Caste (e) Sex (f) Mother tongue (g) Other Languages			
Address for communication - Present Address			
Phone No. Students	Phone No. Parents	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

(a) Permanent Address		
Phone No. Students	Phone No.	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Institution and University Last attended		
Qualifying Examination passed		
Subjects studied		
Marks obtained in each subject & Percentage Number of papers Repeated and Number of attempts taken to pass These papers		
Category under which Seat is claimed (Certificate to be enclosed)		
Total Annual income of parents		
Documents to be enclosed (Copies) (a) BASLP Marks Cards (b) Character Certificate (c) SSLC Marks Card (d) Income Certificate (e) Caste Certificate (If any) (f) Transfer certificate (g) Aadhar card no & Xerox		

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/Principal



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Application for Admission to M.Sc(Audiology) Course-Year-2022-23

Sl. No. _____

Stamp Size
Photo

Name of the applicant (in block letters)			
Father's Name, Qualification & Occupation Mother's Name, Qualification & Occupation			
Name of the Guardian & relationship			
Date of Birth	Date	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"/>
Personal particulars (h) Place of Birth (i) Nationality (j) Religion (k) Caste (l) Sex (m) Mother tongue (n) Other Languages			
Address for communication - Present Address			
Phone No. Students	Phone No. Parents	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
(a) Permanent Address			
Phone No. Students	Phone No.	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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