



JSS MAHAVIDYAPEETA

# JSS INSTITUTE OF SPEECH & HEARING

MG ROAD, MYSURU-570004. Ph: 0821-2548229 Fax: 2548230

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

## Application for Admission to BASLP Course -Year .....

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 (a) Place of Birth (b) Nationality (c) Religion (d) Caste (e) Sex (f) Mother tongue (g) Other Languages	
Address for communication - Present Address and Permanent Address	Phone No.      E-mail <input type="text"/> <input type="text"/>
Institution and University Last attended	

Qualifying Examination passed	
Subjects studied	
Marks obtained in each subject & Percentage	
Category under which Seat is claimed (Certificate to be enclosed)	
Total Annual income of parents	
Documents to be enclosed (Copies) (a) Marks Cards of II PUC 12 <sup>th</sup> Std. (b) Character Certificate (c) SSLC Marks Card (d) Income Certificate (e) Caste Certificate	

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**