



JSS MAHAVIDYAPEETA

JSS INSTITUTE OF SPEECH & HEARING

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(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: Student	Phone No. Parents	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	
Category under which Seat is claimed (Certificate to be enclosed)	
Total Annual income of parents	
<u>Documents to be enclosed (Copies)</u> (a) Marks Cards of II PUC (12 th Std) (b) Character Certificate (c) SSLC Marks Card (d) Income Certificate (e) Caste Certificate (f) Transfer certificate (g) Photo- (h) Aadhar card	
Source of referral	

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