## 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 MASLP 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 Yo	ear
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.	E-mail

	Phone No.	E-mail			
Institution and University Last attended					
Qualifying Examination passed					
Quality ing Examination passed					
Subjects studied					
Marks obtained in each subject					
& Percentage					
Number of papers Repeated and					
Number of attempts taken to pass					
These papers					
Coto come um don subiob					
Category under which Seat is claimed					
(Certificate to be enclosed)					
Total Annual income of parents					
<b>Documents to be enclosed (Copies)</b>					
(a) B.Sc., Marks Cards					
(b) Character Certificate					
(c) SSLC Marks Card					
(d) Income Certificate					
(e) Caste Certificate (If any)	D. L				
I hereby solemnly and sincer	Declaration	mant made and information			
furnished in my application form an	•				
true, should it, however be found to		•			
material particulars, I realize that I	•				
to me shall be Liable to be forfeited.	<b>F</b>				
Sign of the Devent (Community	a•	o4 of the Co 111-4-			
Signature of the Parent/Guardian Place:	Sign Plac	ature of the Candidate			
Date:	Date				
<del>Duc.</del>	Dun	···			
For Office use only					
Amount of fee paid: Rs.	<b>Receipt No:</b>	Date:			

Director