



Dr. S. R. Chandrasekhar Institute of Speech & Hearing,
Hennur Main Road, Bangalore - 560 084
(A Project of Lions Club of Bangalore East)
(Affiliated to Bengaluru North University, Recognized by
Rehabilitation Council of India & B++ NAAC Accredited)
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Passport size
photograph to
be affixed

APPLICATION FOR ADMISSION TO BASLP, PG Diploma (AVT),
M.Sc (Audiology), M.Sc (Speech Language Pathology)
BSc Psychology and BSc Rehabilitation Science (Circle whichever is applicable)
Course selected: -----

PERSONAL DATA

1. Full Name (in block letters) and Address _____

Mobile: _____ email id: _____

2. Date of Birth & Age _____ Sex _____ Nationality _____

3. Religion _____ Category _____ Caste _____

4. Mother tongue _____

5. Do you belong to SC/ST/BC? If so specify _____

6. Do you belong to Urban/rural area _____

7. Marital status _____

8. Father's Name _____

Occupation: _____ Designation _____

Official Address _____

Mobile: _____ email id _____

Annual Income: _____

9. Mothers name _____

Occupation: _____ Designation _____

Official Address _____

Mobile: _____ email id _____

Annual Income: _____

10. Permanent address (if different from Sl.No 1) _____

11. Local Guardian Name & Address, Mobile and email id:

12. Educational Qualification starting from 10th [including additional courses
Diploma /degree as applicable to the field]

Examination	Board/University	Institute last studied	Year of passing	Class obtained	Marks obtained/Max Marks

13. Languages known

Language	Speak	Read	Write

14. Participation in extra -curricular activities_____

15. Hobbies and interests_____

16. Furnish 2 references of your previous institution

a. Name

Address.....

.....

Tel no.Email id

b. Name

Address.....

.....

Tel no.Email id

An Application form should be accompanied by the following

1. Copies of marks card and certificates of all the examinations passed
2. Character and Conduct Certificate from last studied institution
3. Those belonging to SC/ST/BC should produce certificate from the competent authority to that effect
4. Fitness Certificate and Transfer Certificate (of the previous course) to be submitted at the time of admission.

I declare that the facts given above are true and correct to the best of my knowledge

Date_____

Place_____

Signature of the candidate

Note: It is mandatory to fill all the details; else the application will be rejected.

In case any of the above statements made by the applicant are found to be false, the admission given to the candidate is liable to be cancelled and due action will be taken against the candidate

Signature of the candidate