



ALL INDIA INSTITUTE OF SPEECH AND HEARING

Manasagangothri, Mysuru - 570 006

Affix
attested
photo

APPLICATION FOR ADMISSION TO DIPLOMA PROGRAMS 2017-18

1.	COURSE APPLIED FOR (tick the appropriate number)	1. Diploma in Hearing Aid & Ear mold Technology (DHA & ET) (AIISH, Mysore) <input type="checkbox"/>
		2. Diploma in Hearing Language & Speech (DHLS) (AIISH, Mysore & 8 Centers) <input type="checkbox"/>
		3. Diploma in Early Childhood Special Education (DECSE) (Hearing Impairment) (AIISH, Mysore) <input type="checkbox"/>
4.	Name of the candidate (as given in 10 th Std. marks sheet)	
5.	Father's or Guardian's name (if parents are not alive)	
6.	Mother's Name	
7.	Postal Address Street / City State Country Pin Code Telephone No. FAX Email (if any)	
8.	Date of Birth	Day 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"/>
9.	Age	Year Month <input type="text"/> <input type="text"/>
10.	Gender	Female Male <input type="checkbox"/> <input type="checkbox"/>
11.	Nationality	Indian Foreign <input type="checkbox"/> <input type="checkbox"/>
12.	Category under which you wish to apply	GM <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/>
13.	Qualifying examination/s	

14.	Marks obtained in the qualifying examination (Enclose copies of the marks sheets of each year of examination of each course)	List the marks cards enclosed 1. 2. 3. 4. 5.
15.	Do you require hostel facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16.	Students applying for DHLS Program (through Video-conference mode only) may please indicate the choice of study center:	
	A. All India Institute of Speech and Hearing (AIISH), Mysore-570 006, Karnataka.	<input type="checkbox"/>
	B. PGIMER - Dr. Ram Manohar Lohia Hospital, New Delhi-110 001.	<input type="checkbox"/>
	C. All India Institute of Physical Medicine & Rehabilitation (AIIPMR), Haji Ali, Mumbai - 400 034, Maharashtra.	<input type="checkbox"/>
	D. Indira Gandhi Medical College, Shimla - 171 001, Himachal Pradesh.	<input type="checkbox"/>
	E. Jawahar Lal Nehru Medical College, Ajmer – 305 001, Rajasthan.	<input type="checkbox"/>
	F. Rajendra Institute of Medical Sciences, Ranchi – 834 009, Jharkhand	<input type="checkbox"/>
	G. Sri Ramachandra Bhanj Medical College Cuttack – 754 230, Odisha	<input type="checkbox"/>
	H. King George’s Medical University, Lucknow– 226 003, Uttar Pradesh.	<input type="checkbox"/>
	I. Jawaharlal Nehru Medical College & Hospital, Mayaganj, Bhagalpur - 812 001 Bihar.	<input type="checkbox"/>

DD/Receipt No. and Date

Amount

DECLARATION

I declare that the facts given here are true and correct to the best of my knowledge. I have read the terms and conditions of the course as given in the prospectus.

Date:

Place:

Signature of the candidate