



## ADMISSION FORM FOR B.ASLP

Form No:

Affix  
passport size  
photograph  
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**Bachelor in Audiology and Speech Language Pathology** **Duration** 3+1 years

*To be filled in by student. Use BLOCK letters only.*

|   |   |   |
|---|---|---|
| First Name:   | Middle Name:                                    | Last Name:  |
| Date of Birth <input type="text"/> <input type="text"/> | Month <input type="text"/> <input type="text"/> | Year <input type="text"/> <input type="text"/> <input type="text"/> |
| Sex:  | Male <input type="checkbox"/>                   | Female <input type="checkbox"/>                                     |
| Marital Status:   | Birth place:                                    |   |
| State:  | Nationality:                                    |   |
| Mother Tongue:  | Aadhar No.:                                     |   |
| Caste <input type="checkbox"/>                          | ST <input type="checkbox"/>                     | SC <input type="checkbox"/>   |
|   | OBC <input type="checkbox"/>                    | General <input type="checkbox"/>                                    |

### Parents Information

|               |               |
|---------------|---------------|
| Father's Name | Mother's Name |
| Occupation    | Occupation    |
| Annual Income | Annual Income |
| Address       |               |
|               | Pin           |
| Tel           | Fax           |
|               | E- mail       |

Student Signature

### Local Contact Information

|            |              |
|------------|--------------|
| Name       |              |
| Occupation | Relationship |
| Address    |              |
|            | Pin          |
| Tel        | Fax          |
|            | E- mail      |

## Hostel Accomodation

Yes  No

## Academic Information

Please fill in the form using ballpoint pen only.

| Qualification | School/College | Year of Passing | Board / University | Subject | Marks Obtained | Percentage |
|---------------|----------------|-----------------|--------------------|---------|----------------|------------|
| Class 10      |                |                 |                    |         |                |            |
| Class 10 + 2  |                |                 |                    |         |                |            |
|               |                |                 |                    |         |                |            |
|               |                |                 |                    |         |                |            |

## Annexure Enclosed

(Attach 2 Sets of attested xerox copies each)

|   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| Class X / equivalent marks card           | <input type="checkbox"/> | Migration certificate (If applicable)               | <input type="checkbox"/> |
| Class XII / equivalent marks card         | <input type="checkbox"/> | Caste certificate (In case of SC/ST/OBC only)       | <input type="checkbox"/> |
| Transfer Certificate                      | <input type="checkbox"/> | Validity certificate (In case of SC/ST/OBC only)    | <input type="checkbox"/> |
| Medical fitness Certificate               | <input type="checkbox"/> | HIV clearance certificate*                          | <input type="checkbox"/> |
| Gap Certificate                           | <input type="checkbox"/> | Eligibility certificate* (From AIU Delhi)           | <input type="checkbox"/> |
| Domicile Certificate                      | <input type="checkbox"/> | No obligation certificate* (NOC) (From MHRD /Delhi) | <input type="checkbox"/> |
| 4 recent colour passport size photographs | <input type="checkbox"/> | Passport & Visa*                                    | <input type="checkbox"/> |
| Aadhar Card                               | <input type="checkbox"/> |   |                          |

\*Applicable for foreign nationals / NRIs / PIOs only.

## Declaration

I, (Name of the applicant)\_\_\_\_\_ hereby declare that I shall abide by the rules and regulations of the institute and shall obey all instructions given by the authorities whether aural or written and shall indemnify against loss or damage to machinery, furniture, fixture, book, etc, caused through my negligence, carelessness voluntary or involuntary action whether direct or indirect. I have carefully gone through the prospectus and I agree to abide by the conditions therein and also the periodical changes, if any. I am well aware about the validity of the courses. I am taking the admission in the institution after being fully satisfied. I also understand that I am liable to deposit full course fee once I take admission any of the course. I also understand that fee once deposited shall not be refunded in any case. I also declare that I have been informed about the fees structure before taking admission in the course and I accept it and that the fee shall be such as applicable for unaided private professional colleges and as decided by the fee fixation committee appointed by the state government or by judicial pronouncement. I also understand that ordinance/syllabus/course/final examination and award of Degree is within the jurisdiction of University/MP Paramedical Council or statutory authority and that this institute has neither any say nor any liability in this respect. I undertake to put in not less than 90% attendance in each subject prescribed and I understand that.

Date \_\_\_\_\_ Place \_\_\_\_\_ Signature of Student \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Only duly filled application along with the required enclosure will be accepted by the Institute.

## For office use only

|  |           |                           |
|--|-----------|---------------------------|
| Admission status: Approved /Not Approved | Date      |                           |
| Admission Officer                        | Principal | Management Representative |

Please enclose the DD/Cheque/Cash/ of Rs. 350/- in favour of Sri Aurobindo Institute of Medical Sciences, payable at Indore.