



**ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE 570 006**

Manasagangothri, Mysore 570 006

**APPLICATION FOR ADMISSION TO  
B.Ed. Spl. Ed. (HI) PROGRAM  
(Non-Entrance based program)**

Affix attested  
photo

1	Name of the candidate (as given in 10 <sup>th</sup> Std. marks sheet)	
2	Father's name / Guardian's name (if parents are not alive)	
3	Mother's Name	
4	Aadhaar Number	
5	Postal Address	
6	Mobile	
7	Email	
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	Gender	Female <input type="checkbox"/> Male <input type="checkbox"/> Gender neutral <input type="checkbox"/>
10	Nationality	Indian <input type="checkbox"/> Foreign <input type="checkbox"/>
11	Category under which you wish to apply	GM <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> PH (Ortho) <input type="checkbox"/> EWS <input type="checkbox"/>
12	Qualifying examination/s: Total marks - Marks obtained - In percentage (%) - If CGPA, equivalent to % -	
13	Degree Awarding University	

14	Enclose 1. Copies of the marks sheets of each year / Semester of examination of Degree 2. Degree Certificate 3. 10 <sup>th</sup> Marks Card 4. Relevant experience certificate for claiming age relaxation (for on deputation/ in-service candidates) 5. Caste(OBC/SC/ST) EWS/PWD certificate as claimed 6. Aadhaar copy	List of enclosures 1. 2. 3. 4. 5.
14.	Do you require hostel facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Application Fees:** For General/OBC/EWS-**Rs.1,100/-** and For SC/ST/PWD-**Rs.700/-**

Scan QR code for payment:



Order No./Transaction Id:	Date:
Amount:	

### DECLARATION

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

Date:

Place:

Signature of the candidate

Please send the filled application to: *THE DIRECTOR, ALL INDIA INSTITUTE OF SPEECH AND HEARING, MANASAGANGOTRI, MYSURU -570006* on or before **30.06.2024** by 05.00 pm.

**For further details refer (prospectus 2024-25) at [www.aiishmysore.in](http://www.aiishmysore.in)**