

ALL INDIA INSTITUTE OF SPEECH AND HEARING: MYSORE-6
APPLICATION FORM: KUTEERA

Name:

Age:

Gender:

Case No:

Permanent address:

Purpose of staying: evaluation / Therapy

Therapy recommended: Demonstration Therapy/ Long term Therapy

No. of days accommodation is required:

Date: From.....to.....

No. of people who require accommodation:

Type of Room: Dormitory / Single

Signature: Applicant / Parent / guardian

HOD- Clinical Services: Accommodation is required/ not required

Approved/ not approved

Director

Security officer: advance booking: From.....to.....

Room No. allotted: No. of days:

Details of amount paid: Rs. Receipt No: Date:

Details of Booking: Telephone/e-mail / Letter

Extension of stay: From.....to.....

No. of days stayed:

Purpose of extension:

Signature: Application/ Parent/ guardian

Remarks: HOD- Clinical Services Extension is required/ not required

Approved/ not approved

Director

Security Officer:

Room No. allotted: No. of days: From.....To.....

Details of amount paid: Rs. Receipt No. Date