

Speech & Hearing Institute & Research Centre

APPLICATION FORM FOR ADMISSION (For Diploma in Teaching Young Hearing Impaired Children)

(AFFILIATED BY REHABILITATION COUNCIL OF INDIA)

(FILL WITH BLOCK LETTER)

Affix your latest passport size photograph duly attested by you

			duly attested by you
1.NAME			
2. FATHER'S NAME/ HUSBAND'S NAME/ MOTHER'S NAME	500 Marianesia		
(Strike out whichever not appl	licable)		
3. ADDRESS: FOR CORRESPONDENCE	:		
4. TELE PHONE NO WITH (IF ANY)	STD CODE:		
5. (a) DATE OF BIRTH		(b) SEX:	
6. FAMILY DETAILS : (Mention Marital Status)			

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NAME OF THE COURSE	NAME OF THE BOARD / INST / UNIV.	SUBJECT TAKEN	YEAR OF PASSING	TOTAL MARKS	%AGE

[Any other Please Mention]

- 8. WORK EXPERIENCE RELEVANT TO THIS TRAINING IF ANY:
- 9. EMPLOYMENT STATUS:
- 10. EXTRA CURRICULAR ACTIVITIES WITH SUPPORTIVE DOCUMENTS.
 - a. Music [], Movement & Dance [].
 - b. Creating Art [], Craft [], Drawing & Painting [], Doll making []
 - c. Repair of Miniature Electronic Equipment [].

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