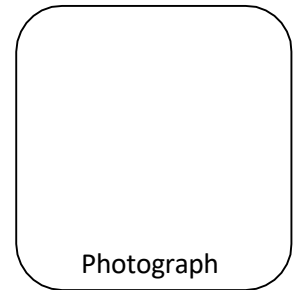


APPLICATION FORM FOR /MEd.HI/Bed.HI/BASLP/PGDRP COURSE
SESSION 2025-2026

1. Name (in block letters) : _____
2. Date of Birth : _____
3. Father's/Spouse's Name : _____
4. Mother's Name : _____
5. Permanent Address : _____



6. Correspondence Address : _____
(Must mention Phone No.,
Mobile No. and e-mail) _____

Mobile: _____ Email : _____

7. Gender : _____
8. Nationality : _____
9. Marital Status : _____

10. Details of Educational Qualification:

Examination Passed	Board/University	Year	Subjects	Percentage % of Marks	Class/Div. obtained
10 th					
12 th					
B.A.					
M.A./M.Sc.					
Others					

11. Please tick (✓) the category: (a)ST ☐ (b)SC ☐ (c)OBC ☐ (d)EWS ☐ (e) PH ☐ (f)GEN ☐
(Enclose ST/SC/OBC certificate and
Income & Asset Certificate for EWS)

12. Work Experience, if any : _____

13. Details of Application Fee: Amount: _____ AU Ref. No. _____ Date: _____

14. Declaration: I hereby declare that information mentioned in the application for true to the best of my knowledge.

Place: _____

Date: _____

Signature of Applicant