



**HELEN KELLER'S
INSTITUTE OF RESEARCH & REHABILITATION
FOR THE DISABLED CHILDREN**
(Affiliated to Osmania University, Recg. by Rehabilitation Council of India)



Bank Colony, Ramakrishnapuram, Secunderabad - 500 056, A.P.
Tel : 040-2711 3236, Cell : 09396662158, 09396662161

(This form must be fully and legibly filled by the candidate,
Incomplete forms and forms without required documents will not be considered)

**Application for Admission into
M.Sc. (ASLP)**

Affix recent
Passport size
Photograph of the
candidate

Application No. _____

For the Academic Year 2011 - 12

Last date for submission of application :

1. Name of the Candidate in full :
(in Block Letters as per SSC Memo)
2. Father's Name :
3. Father / Guardian's Occupation :
4. Date of Birth:..... Age in Years :..... Months :.....
Place of Birth:..... Domicile:.....
5. Marital Status:..... Nationality:.....
6. Do you belong to SC/ST/BC
If so, attach proper caste certificate:.....
(Issued by MRO/RDO/1st Class Magistrate.)
7. Address for Communication with Pin Code.....
.....
.....
8. Permanent Address

II. Details of examinations passed from S.S.C./Matric onward (including HSC/Inter) XEROX COPIES of Certificates and mark sheets DULY ATTESTED by the Gazetted Officer.

Name of Examinations Passed	Subjects of Examinations	Name of School/ College/Board/ University	Year of Passing	Marks allotted	Marks obtained	Division/ Percentage

III. Give particulars of languages you can :

READ ONLY

SPEAK ONLY

READ & SPEAK

READ & WRITE

IV. Give two names of referees with their designations and addresses :

1. Name :..... Designation :..... Address :.....	2. Name :..... Designation :..... Address :.....
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V. Enclose Conduct / Character certificate, issued by the Institutions in which you have last studied.

STUDENT DECLARATION

I declare that the above mentioned information in the application are true and correct to the best of my knowledge and belief. If any thing is found incorrect I may be terminated from the college without any notice thereof.

DATE :

SIGNATURE OF THE CANDIDATE

PLACE :

(Attested by the Parent / Guardian)

Parent / Guardian Undertaking

This is to undertake that my Son / Daughter / ward, Mr/Mrs. _____
_____ if admitted for the M.Sc. (ASLP) degree course at Helen
Keller's Institute, Bank Colony, Ramakrishna Puram, Secunderabad, I held responsible for payment of fee
which include examination, tuition, library etc.

That I _____ am fully responsible of my Son's/Daughter's/Ward's
conduct & character during the course of study and that he/she will abide by the rules & regulations imposed
by the Helen Keller's Institute from time to time.

Date :

Signature of the Parent / Guardian

Station :