



# Ashray Akruti Institute of Speech and Hearing (AAISH)

(A Unit of Ashray Akruti)

(Affiliated to Osmania University & Recognized by Rehabilitation Council of India)

📍 8-3-961/B, 4th Floor, SBI Building, Yellareddy Guda, Srinagar Colony, Hyderabad, Telangana – 500073

☎ 9281067549 / 9281029067

✉ aaishhyd@ashrayakruti.in

🌐 www.ashrayakruti.org

## Bachelor of Audiology and Speech-Language Pathology (BASLP)

### Admission form-2025

Application No: BASLP25 -

#### Personal Details

Candidate's Name: \_\_\_\_\_ (As per SSC)

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ (As per SSC)

Marital Status: ☐ Married ☐ Unmarried

Gender: ☐ Male ☐ Female ☐ Transgender

Category: ☐ General ☐ SC ☐ ST ☐ OBC ☐ EWS ☐ Others

PWD: ☐ Yes ☐ No

If Yes, Please mention UDID number: \_\_\_\_\_

Aadhaar card no: \_\_\_\_\_ Nationality: \_\_\_\_\_

Candidate's contact no: \_\_\_\_\_ Candidate's Email ID: \_\_\_\_\_

Affix your recent  
passport size color  
photo not older than  
3 months  
Do not pin/ staple

## Parents / Guardian Information

Father / Guardian Name:\_\_\_\_\_ Father / Guardian Contact No:\_\_\_\_\_

Father / Guardian Occupation:\_\_\_\_\_ Father / Guardian Income:\_\_\_\_\_

Mother Name:\_\_\_\_\_ Mother Contact No:\_\_\_\_\_

Mother Occupation:\_\_\_\_\_ Mother Income:\_\_\_\_\_

Parent / Guardian Email ID: \_\_\_\_\_

## Residential Address

	Permanent Address	Correspondence Address
H. No & Street/Colony		
Village / City		
District		
State & Pin code		

## Education Qualification

Name of Examination	Board/University	Year of Passing	Total Marks	Marks Obtained	Percentage/ GPA/CGPA Obtained	Subjects
10th / SSC						
12th / Intermediate						

## Declaration by the Candidate

I, \_\_\_\_\_, hereby declare that I have carefully read and understood the conditions for admission. The information provided by me is true and correct to the best of my knowledge. If admitted, I undertake to abide by the rules and regulations of the college and actively participate in all curricular and co-curricular activities.

Place:

Date:

Name & Signature of the Candidate

## Declaration by the Parent / Guardian

I, \_\_\_\_\_, acknowledge my financial responsibility for my ward's education and commit to paying all applicable fees as per college policies. I understand that fees are non-refundable if my ward does not enrol, discontinues, or is expelled. I agree to pay the full course fee if my ward withdraws midway. I also confirm my endorsement of my ward's declaration to the college.

Place:

Date:

Name & Signature of the Parent/ guardian

### Attach attested copies along with the application:

To Be Submitted at the time of Application:	To Be Submitted at the time of Admission:
<input type="checkbox"/> Copies of Marks card and certificates of all the examinations passed.	<input type="checkbox"/> Income Certificate (If eligible, for scholarship)
<input type="checkbox"/> Caste Certificate (SC/ST/BC/EWS)	<input type="checkbox"/> Bonafied certificate (Class 1 to Intermediate)
<input type="checkbox"/> Copy of Identity proof (Aadhaar card)	<input type="checkbox"/> Conduct certificate to be submitted at the time of admission.
<input type="checkbox"/> Disability Certificate (If applicable)	<input type="checkbox"/> Transfer certificate original (of the previous course) to be submitted at the time of admission.
<input type="checkbox"/> Passport-Size Photos (2)	<input type="checkbox"/> Migration Certificate (for non-local applicants)

## For Office Use Only

Marks & Certificates verified by:

Admitted/ Not Admitted

Place:

Date:

Principal's Signature