

## **HELEN KELLER'S**

## INSTITUTE OF RESEARCH & REHABILITATION FOR THE DISABLED CHILDREN



(Affiliated to Osmania University, Approval by Rehabilitation Council of India)
Bank Colony, Ramakrishnapuram, Secunderabad - 500 056, T.S.

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(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 **B.ASLP**

Affix recent Passport size Photograph of the candidate

Appli	cation No			
For t	he Academic Year 2025 - 26			
Last	date for submission of application :			
1.	Name of the Candidate in full (in Block Letters as per SSC Memo)	:		
2.	Father's Name / Occupation	:		
3.	Mother's Name	:		
4.	Date of Birth:	Age in Years :	Months	
	Place of Birth:	Domicil	le:	
5.	Aadhar Card No.:			
6.	Marital Status:	Nationa	ality:	
6.	Religion and Community (SC/ST/OBC/ Exclose Xerox Copy of caste certific			
7.	Address for Communication with Pir	Code,		
Phor	ne No			
8.	Permanent Address			
	ao No	Email:		

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

Name of Examinations Passed	Subjects	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
ILL/ID CITE!	OI		

IV.	Give two names of referees with their designa	tions and	d addresses :
1.	Name:	2.	Name:
	Designation :		Designation :
	Address:		Address:
V.	Enclose Conduct / Character certificate, issue	d by the	Institutions in which you have last studied.
	STUDENT D	<u>ECLAR</u>	<u>ATION</u>
	I declare that the above menttioned informatio owledge and belief. If any thing is found incorrect thereof.		
DATE :	:		SIGNATURE OF THE CANDIDATE
PLACE	E:		
			(Attested by the Parent / Guardian)
	<u>Parent / Guard</u>	<u>ian Un</u>	<u>dertaking</u>
	This is to undertake that my Son / Daughter / y	ward Mr	/Mrs
			e B.Sc. (ASLP) degree course at Helen Keller's
Institut	te, Bank Colony, Ramakrishna Puram, Secunde	rabad, I	held responsible for payment of fee which
include	e examination, tuition, library etc.		
	That I	_ am ful	ly responsible of my Son's/Daughter's/Ward's
conduc	ct & character during the course of study and tha	at he/she	e will abide by the rules & regulations imposed
by the	Helen Keller's Institute from time to time.		
Date :			Signature of the Parent / Guardian
Station	n:		