



# 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.

Email: hkirrdc@gmail.com / Tel : 040-2711 3236, 27111050 / 70, Cell : 9849132708

(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. (Audiology) / M.Sc. (SLP)

Affix recent  
Passport size  
Photograph of the  
candidate

Application No. \_\_\_\_\_

For the Academic Year 2026 - 27

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:..... Domicile:.....
5. Aadhar Card No.:.....
6. Marital Status:..... Nationality:.....
6. Religion and Community (SC/ST/OBC/OC)  
Excuse Xerox Copy of caste certificate:.....
7. Address for Communication with Pin Code,.....  
.....  
.....
- Phone No.....Email:.....
8. Permanent Address .....  
.....  
.....
- Phone No.....Email:.....

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

III. Give particulars of languages you can :

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**READ ONLY      SPEAK ONLY      READ & SPEAK      READ & WRITE**

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

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1. Name :.....	2. Name :.....
Designation :.....	Designation :.....
Address :.....	Address :.....
.....	.....
.....	.....
.....	.....

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)

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**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 :