

Personal Details (Kindly fill up the below personal informations)

Course Applied For : *

Bachelor in Audiology & Speech Language Pathology (B.A.SLP)

Name Of The Applicant : *

Date Of Birth : *

Name Of The Applicant

dd/mm/yy

Sex *

~~Caste~~ : *

Choose

Choose

~~Nationality~~ : *

Father's Name

Nationality

Father's Name

~~Father's Occupation~~ :

Mother's Name:

Father's Occupation

Mother's Name

Address Details

Email Id*

Email id

Phone No: *

Phone no

Address: *

Correspondence Address

Permanent Address

Educational Qualification

Class 10th

Board/University

Grade/Percentage

Year of Passing

Class 12th

Board/University

Grade/Percentage

Year of Passing

BASLP
~~Other Qualification~~

Board/University

Grade/Percentage

Year of Passing

Class 10th

Board/University

Grade/Percentage

Year of Passing

Class 12th

Board/University

Grade/Percentage

Year of Passing

Other Qualification

Board/University

Grade/Percentage

Year of Passing

Upload Your Photograph: *

Upload Your 10th Certificate: *

Upload 12th Certificate *

Choose File No file chosen

Choose File No file chosen

(50kb to 100 kb)

(50kb to 100 kb)

I declare that the above information are true

Upload BASE Certificate

Submit