



All India Institute of Speech & Hearing

(An autonomous Institute under Ministry of Health & Family Welfare, Govt. of India)

Center of Excellence - Assessed & Accredited by NAAC with "A" Grade

Namisham Campus, Manasagangothri, Mysuru - 570 006

Personal Details

APPLICATION SEQ NO

A3159

Applying For

APPLYING FOR

B.ASLP

CATEGORY

Indian

SELECT SUBJECTS FOR ENTRANCE EXAM

Physics , Chemistry , Bi
ology

Personal Information

FULL NAME OF THE A PPPLICANT

ARDRA P

FATHER'S/MOTHER'S/ GUARDIAN'S FULL NA ME

ASHOKAN PALATHING
AL

Other Personal Information

DATE OF BIRTH

24/Jul/2004

GENDER

FEMALE

MOBILE NUMBER

9074005727

EMAIL ID

ARDRAPALATHINGAL@
GMAIL.COM

Correspondence Address for communication purpose

PRESENT ADDRESS LI NE 1

ARDRAM CHALAKKATH
ODIYIL

PRESENT ADDRESS LI NE 2

THURAKKAL P O

PRESENT ADDRESS LI NE 3

KONDOTTY

PRESENT ADDRESS ST ATE

KERALA

PRESENT ADDRESS DI STRICT

MALAPPURAM

PRESENT ADDRESS CI TY

MALAPPURAM

PRESENT ADDRESS PI N CODE

673638

PERMANENT ADDRES S SAME AS CORRESPO NDENCE ADDRESS?

Yes

PERMANENT ADDRESS

PERMANENT ADDRESS LINE 1
ARDRAM CHALAKKATH ODIYIL
PERMANENT ADDRESS STATE
KERALA
PERMANENT ADDRESS CITY
MALAPPURAM

PERMANENT ADDRESS LINE 2
THURAKKAL P O
PERMANENT ADDRESS DISTRICT
MALAPPURAM
PERMANENT ADDRESS PIN CODE
673638

PERMANENT ADDRESS LINE 3
KONDOTTY

Category Details

CATEGORY
OTHER BACKWARD CLASSES(OBC)

SUB CATEGORY
Not Applicable

Academic Details

QUALIFYING EXAM
12TH STD
BOARD OF QUALIFYING EXAM
STATE BOARD

STATE BOARD OF QUALIFYING EXAM
KERALA

Exam City Preferences

EXAM CITY PREFERENCE 1
Kerala-Kozhikode

EXAM CITY PREFERENCE 2
Kerala-Thrissur

EXAM CITY PREFERENCE 3
Karnataka-Mysuru(Mysore)

Payment Details

PAYMENT AMOUNT
925
PAYMENT TRANSACTION NO.
20230529010940000870052375258896666

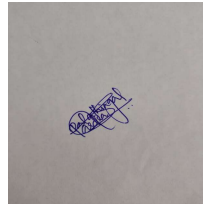
PAYMENT MODE
online

PAYMENT STATUS
S

Student Documents



Photo



Signature

Declaration

I declare that I have read the prospectus, instructions and am conversant with the Online process of submission of application

I am fully aware that the application fee prescribed by AIISH will not be refunded for any reason including judicial and other statutory reasons.

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. I further declare to submit all certificates in original at the time of admission / Counseling relevant to my claims made in the application. I also agree to forfeit my claim for admission in the event of failure to produce the relevant original certificates. I shall abide by the Rules and Regulations of AIISH.