

Undergraduate	Session: 2022-23	Duration
Bachelors in Audiology and		4 Years
Speech Language Pathology (B.ASLP)		4 Teals

Sri Aurobindo Institute of Speech and Hearing, Indore (Madhya Pradesh), invites applications for the admission in Bachelor of Audiology and Speech Language Pathology (B.ASLP) course for the **session 2022-2023**.

### About B.ASLP:

- 1. 04 academic years (6+2 semesters: 6 semesters of coursework and 2 semesters of internship); the student should complete the course work within 6 years from date of admission.
- 2. Affiliation: Sri Aurobindo University, Indore
- 3. Recognition: Rehabilitation Council of India (Applied for session 2022-23)

## **I**mportant Dates:

- 1. Availability of Application Forms: 25<sup>th</sup> May 2022.
- 2. Last Date for Submission of Application Forms: Till further updates.

### **Selection Procedure:**

The selection for candidates will be based on merit (Marks obtained in 10+2 along with marks obtained in interview), Dates of interview will be uploaded in website.

## **Application Form:**

- 1. The application form can be downloaded from http://www.saimsonline.com
- 2. The downloaded application form duly filled in should be forwarded/submitted to the "Principal, Department of Speech and Hearing, Sri Aurobindo Institute of Medical Sciences, Indore 453555, Madhya Pradesh", with an application fee of Rs 1000/- by the way of demand draft/cheque/online payment receipt in favour of "Sri Aurobindo Institute of Medical Sciences".



# SRI AUROBINDO UNIVERSITY SRI AUROBINDO INSTITUTE OF MEDICAL SCIENCES

INDORE, MADHYA PRADESH

Approved by Rehabilitation Council of India (RCI)



Or

The downloaded application form duly filled in along with all the relevant documents should be scanned and mailed to **saishapplication@gmail.com** with an application fee of Rs 1000/- by the way of digital banking. Bank accounts detailed given as below.

Name of A/C:	Sri Aurobindo Institute of Medical Sciences
Bank Name:	HDFC
Branch:	Sukhliya Main Indore
A/C No:	50200030062482
IFS Code:	HDFC0003660
Branch Code:	3660
MICR Code:	452240015

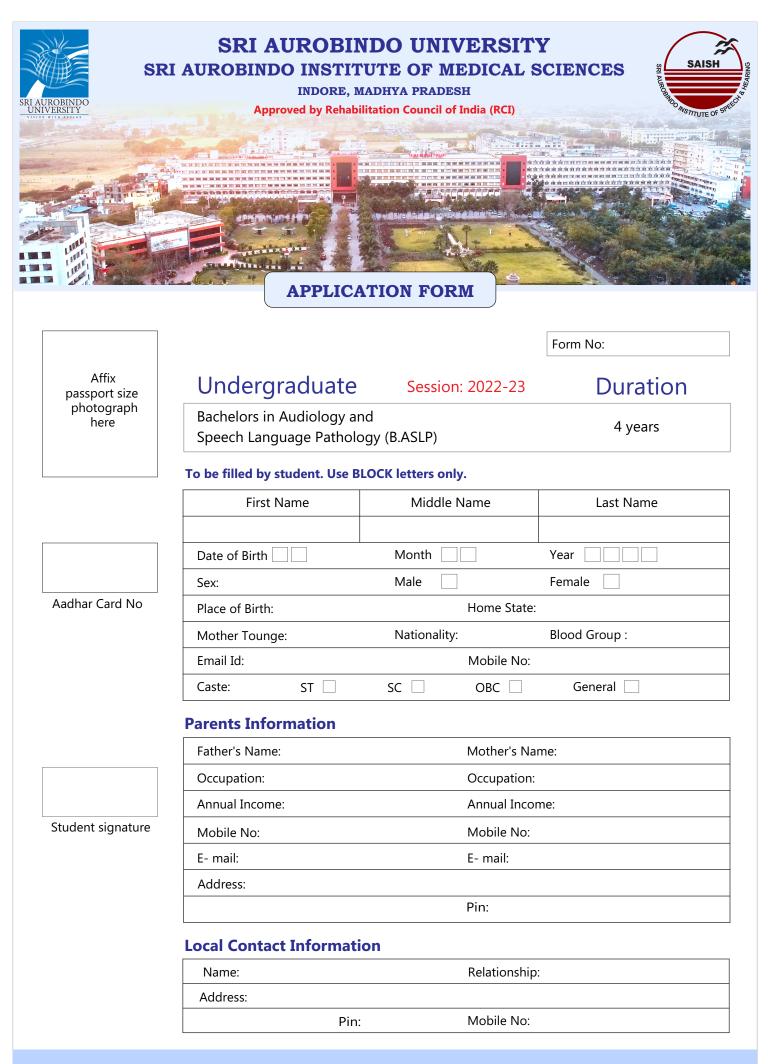
However, candidates must submit their original filled application form along with all relevant documents before or on the date of interview.

# The Institute reserves the right to reject the application of the candidate at any stage during the process of admission, if

- 1. The application is incomplete.
- 2. The required certificates are not enclosed.
- 3. The candidate fails to satisfy the eligibility criteria.
- 4. Any false or incorrect information are furnished.
- 5. The entries in the application are illegible.
- 6. The application form along with all the enclosures are not furnished.
- 7. No correspondence will be entertained with regard to admission status. Any change whatsoever, shall not be permitted to be made in the filled in application form after receipt by the Institution.

## For any query, please call : +91 96915 94920

0731-4231252



Indore-Ujjain State Highway, Near MR 10 Crossing, Indore (M.P.), India, 453555

#### **Hostel Accommodation:**

Yes	

### No

### **Academic Information:**

Qualification	School/College	Passing Year	Board/University	Subjects	Marks Obtained	Percentage
Class 10 <sup>th</sup>						
Class 12 <sup>th</sup>						

### Annexure enclosed:

#### (Attach 2 Sets of self attested photo-copies)

Class X /equivalent marks card & certificate	Gap certificate (If Applicably)	
Class XII /equivalent marks card & certificate	Five recent color passport size photographs	
Transfer certificate	Aadhar card	
Migration certificate	Passport & Visa*	
Medical fitness certificate	Eligibility certificate* (from AIU Delhi)	
Caste certificate (in case of SC/ST/OBC students only)	No obligation certificate* (NOC)	
Validity certificate (in case of SC/ST/OBC students only)	HIV clearance certificate*	

\*Applicable for foreign nationals/ NRIs only.

### **Declaration:**

I, (Name of the applicant).......hereby declare that, I shall be abide by the rules and regulation of the institute and shall obey all instructions given by the authorities whether aural or written and shall indemnify against loss or damage to machinery, furniture, fixture, book, etc, caused through my negligence, carelessness voluntary or involuntary action whether direct or indirect. I have carefully gone through the prescribed syllabus and rule and regulation and I agree to abide by the conditions therein and also the periodical changes, if any. I am well aware about the validity of the course. I am taking the admission (after selection) after being fully satisfied. I also understand that I am liable to deposit full course fee once I take admission in B.ASLP. I also declare that I have been informed about the fees structure before taking admission in the course and I accept it and that the fee shall be as applicable for unaided private professional collages and as decided by the fee fixation committee appointed by the state government or by judicial pronouncement. I also understand that ordinance/syllabus /course/final examination and award of degree is within the jurisdiction of University/RCI, New Delhi and that this institute has neither any say nor liability in this respect. I undertake to put in not less than prescribed attendance in each subject prescribed and I understand that.

Date	Place	Signature of Students	Signature of Parent/Guardian
Declaratio	n:		
Admissior	<b>1 Status:</b> Appro	ved/Not Approved	Date:
Admissio	on Officer	Principal	Management Representative

Please enclose the DD/Cheque (in Favor of Sri Aurobindo Institute of Medical Sciences, Indore)/Cash Receipt/Online Payment Receipt of Rs 1000/00 against application form fees.



Post graduate	Session: 2022-23	Duration
M.Sc in Audiology		2 Years

Sri Aurobindo Institute of Speech and Hearing, Indore (Madhya Pradesh), invites applications for the admission in M.Sc in Audiology course for the **session 2022-2023**.

### About M.Sc (Audiology) :

- 1. 02 academic years (4 semesters).
- 2. Affiliation: Sri Aurobindo University, Indore
- 3. Recognition: Rehabilitation Council of India.

### **Important Dates:**

- 1. Availability of Application Forms: 25<sup>th</sup> May 2022.
- 2. Last Date for Submission of Application Forms: 31<sup>st</sup> July 2022.

### **Selection Procedure:**

As per University Guidelines (will be uploaded in website)

### **Application Form:**

- 1. The application form can be downloaded from http://www.saimsonline.com
- 2. The downloaded application form duly filled in should be forwarded/submitted to the "Academic Director/Principal, Department of Speech and Hearing, Sri Aurobindo Institute of Medical Sciences, Indore 453555, Madhya Pradesh", with an application fee of Rs 1500/- by the way of demand draft/cheque/online payment receipt in favour of "Sri Aurobindo Institute of Medical Sciences".



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A/C No:	50200030062482
IFS Code:	HDFC0003660
Branch Code:	3660
MICR Code:	452240015

However, candidates must submit their original filled application form along with all relevant documents before or on the date of couselling.

# The Institute reserves the right to reject the application of the candidate at any stage during the process of admission, if

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0731-4231252

RR		NDO UNIVERSIT CUTE OF MEDICAL S MADHYA PRADESH bilitation Council of India (RCI) COUNCIL OF MEDICAL S DIITATION FORM	
			Form No:
Affix passport size	Postgraduate	Session: 2022-23	Duration
photograph here	M.Sc in Audiology		2 years
	To be filled by student. Use E	BLOCK letters only.	,
	First Name	Middle Name	Last Name
	Date of Birth	Month Male	Year
Aadhar Card No	Place of Birth:	Home State:	
	Mother Tounge:	Nationality:	Blood Group :
	Email Id:	Mobile No:	
	Caste: ST	SC OBC	General
	Parents Information Father's Name:	Mother's Na	
	Occupation:	Occupation:	
	Annual Income:	Annual Inco	
CRR No	Mobile No:	Mobile No:	
	E- mail:	E- mail:	
	Address:		
		Pin:	
Student signature	Local Contact Informat	ion	
Statent signature	Name:	Relationship	:
	Address:		
	Pin	: Mobile No:	

Indore-Ujjain State Highway, Near MR 10 Crossing, Indore (M.P.), India, 453555

### Hostel Accommodation: Academic Information:

Yes

Qualification	School/College	Passing Year	Board/University	Subjects	Marks Obtained	Percentage
Class 10+2						

No

### **Annexure enclosed:**

(Attach 2 Sets of self attested photo-copies)

Class X/Class XII equivalent marks card & certificates	Internship Completion Certificate	
All passing marks card (UG)	Degree Certificate (UG)	
Transfer certificate	Five recent color passport size photographs	
Migration certificate	Aadhar card	
Medical fitness certificate	Passport & Visa*	
Caste certificate (in case of SC/ST/OBC students only)	Eligibility certificate* (from AIU Delhi)	
Validity certificate (in case of SC/ST/OBC students only)	No obligation certificate* (NOC)	
Gap certificate (if Applicable)	HIV clearance certificate*	

\*Applicable for foreign nationals/ NRIs only.

### **Declaration:**

Date	Place	Signature of Students	Signature of Parent/Guardian
Declaration	n:		
Admission	<b>Status:</b> Appro	ved/Not Approved	Date:
Admissio	on Officer	Principal	Management Representative

Please enclose the DD/Cheque (in Favor of Sri Aurobindo Institute of Medical Sciences, Indore)/Cash Receipt/Online Payment Receipt of Rs 1500/00 against application form fees.



Post graduate	Session: 2022-23	Duration	
M.Sc in Speech Language Pathology		2 Years	

Sri Aurobindo Institute of Speech and Hearing, Indore (Madhya Pradesh), invites applications for the admission in M.Sc in Speech Language Pathology course for the **session 2022-2023.** 

## About M.Sc (SLP):

- 1. 02 academic years (4 semesters).
- 2. Affiliation: Sri Aurobindo University, Indore
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			Form No:
Affix passport size	Postgraduate	Session: 2022-23	Duration
photograph here	M.Sc in Speech Languag	ge Pathology	2 years
	To be filled by student. Use	BLOCK letters only.	
	First Name	Middle Name	Last Name
	Date of Birth	Month	Year Year
	Sex:	Male	Female
Aadhar Card No	Place of Birth:	Home State:	
	Mother Tounge:	Nationality:	Blood Group :
	Email Id:	Mobile No:	
	Caste: ST	SC OBC O	General
	Parents Information		
	Father's Name:	Mother's Na	me:
	Occupation:	Occupation:	
Annual Income:		Annual Inco	me:
CRR No	Mobile No:	Mobile No:	
	E- mail:	E- mail:	
	Address:		
		Pin:	
	Local Contact Informat	tion	
Student signature	Name:	Relationship	y:
Address:			
		n: Mobile No:	

### Hostel Accommodation: Academic Information:

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