

**Composite Regional Centre (CRC) for
Skill Development, Rehabilitation & Empowerment of
Persons with Disabilities, Guwahati**

GMCH, Campus, Hostel Road, Bhangagarh, Guwahati-781032
Department of Empowerment of Persons with disabilities (Divyangjan),
Ministry of Social Justice and Empowerment, Government of India.
Phone:0361-2347879, Website: crcguwahati.com, Email: crcguwahati@gmail.com

Academic Session-2020-21

APPLICATION FOR ADMISSION INTO **Bachelor of Audiology & Speech
Language Pathology (BASLP) COURSE**

Passport size
recent
photograph

Issuing Bank	Internet Banking Transaction No.	Date	Amount

- Name of the Applicant: _____
- Name of the Parent/Guardian: _____
- Date of Birth(dd/mm/yy): _____ Age in years and months _____
- Gender: Male/Female/Others _____ Marital Status _____
- Nationality: _____ Domicile _____
- Category: SC ST OBC PH GEN Parents/Siblings of Children with disability
- Annual Family Income: (From all sources) _____
- Address for:

	Correspondence	Permanent
House No./Vill. / Locality/Town/City		
State		
Pin code		
MobileNo..		
Email Id		

- Details of examinations passed:

	Name of the Exam Passed	Name of the Boards/ university	Year of passing	Total Marks	Marks Obtained	Percentage Obtained	Subjects
1	SSC/XthStd						
2	HSC/XII Std						
3	Bachelor Degree/ 10+2+3 Level						
4	Master Degree 10+2+3+2 Level						
5	Any other						

Declaration:

I hereby declare that all the information provided by me in this application, to the best of my /our knowledge are true, complete and correct. If found incorrect or false my candidature may be treated as cancelled at any stage.

Applicant's Signature: _____ Date: _____

Parents/Guardians Signature _____ Date: _____

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Form No:

Received Application from _____ S/o/D/o/W/o _____ for
admission to (Name of the Course): _____ for the academic session 2020-21.

Date _____

Receivers Signature

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