

MERF INSTITUTE OF SPEECH AND HEARING

(A Unit of MADRAS ENT RESEARCH FOUNDATION (P) LTD)

New No.1, Old No. 1/1, South Canal Bank Road, Mandaivelipakkam, Chennai – 600 028.

AFFILIATED TO THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY

No. 69, Anna Salai, Guindy, Chennai – 600 032.

APPROVED BY REHABILITATION COUNCIL OF INDIA

APPLICATION FOR ADMISSION TO MASLP



Name of the Course with Speciality:

Year of Admission :

1. Name of the Candidate :
(as entered in the Higher
Secondary Certificate)

2. Sex :

3. Date of Birth and Age :
(Proof should be attached)

4. (a) Name of Father / Guardian:

(b) Name of Mother :

5. Community :

6. Date of joining the course :

7. Name of the institution :

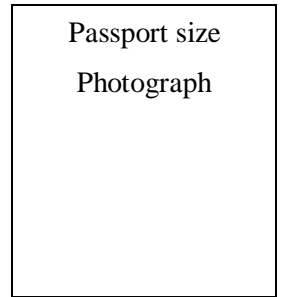
8. PRESENT ADDRESS :

City: _____ State: _____

Country: _____ Email: _____

Tel: _____ Mobile No: _____

Passport size
Photograph



PERMANENT RESIDENTIAL ADDRESS:

City _____ State: _____

Country: _____ Email: _____

Tel: _____ Mobile No _____

9.

Qualification of the Applicant	Month & Year of passing the Examination with Register Number	Month & Year of Convocation in which the degree was obtained
a)		
b)		
c)		
d)		

10. College or Institution from where the applicant qualified for the above Degree :

11. If the candidate had passed the above Degree from a University other than this University/Outside the State of Tamil Nadu furnish the following particulars

(a) The name of the University from where the candidate qualified for the above Degree or other equivalent :

(b) The State in Which the University is situated :

(c) Whether recognition certificate has been Obtained from this University :

(d) If recognition certificate has been obtained :
Quote the number and date of this office letter Communicating the certificate

(e) Migration certificate :

12. Photocopy of the following certificates has to be attached with the application form and Originals should be submitted at the time of admission.

1. Degree Certificate
2. Transfer Certificate for U.G. Course
3. Community Certificate
4. Migration Certificate
5. Proof of Date of Birth
6. U.G. Mark Statement
7. Experience Certificate } candidate alone (if applicable)
8. Two Passport size recent photograph (Original)

13. The following Certificates should be obtained at the time of admission

9. Eligibility Certificate (should be obtained from The Tamil Nadu Dr. MGR University)

14. (a) Blood Group :
(Certificate from a competent person
Should be enclosed)
- (b) Contact Phone No. :
- (c) Email ID :
- (d) Willingness to donate blood :

DECLARATION BY THE CANDIDATE

I declare that the particulars mentioned above are true and I will not claim / ask for any change with regard to any of the particulars furnished above.

I agree to abide by the rules and regulations of the Institute and the University as framed from time to time.

Date:

Signature of the Candidate

See next Page for Application Form Submitting Details

Note:

1. DD for Rs.300/- has to be enclosed along with the filled Application and related certificates and mail to

The Principal

MERF-Institute of Speech and Hearing

New No:1, Old No:1/1, South Canal Bank Road, Mandaivelipakkam, Chennai-600028.

Tamil Nadu. INDIA.

Tel: +91 44 24622403 / 24939143.

Fax: +91 44 24622402. Email: merf_ish@yahoo.com

2. Application forms can also be submitted in person to the “The Principal” and application fee can also be paid by cash.