Ability Arts & Science College for Hearing Impaired

(Affiliated to University of Calicut)
Run by: **Ability Foundation for the disabled**
Pulikkal, Valiyaparamba P.o, Malappuram Dist. 673637
Contact: 0483 2 790 322, 9400 481 951, 9497 212 936

Photo

APPLICATION FOR ADMISSION

Application No. 277 | Cap ID | Admission No,

PERSONAL DETAILS

1.	Name (in block letters exactly as in SSLC book)							
2.	Gender	Male ☐	Female ☐	3.	State	(If not Kerala, Provide Details)		
4.	Religion							
5.	Community / Caste	SC	ST	OEC	Muslim	Others (Specify)		
6.	Mother Tongue	7.	Blood Group	8.	Date of Birth (as in SSLC book)	9.	Place of Birth	
10	Address : Permanent			For Communication				
11.	Mobile (Whatsapp)			Phone				
12.	Aadhar Number							
13.	e-mail							
14.	Bank Name A/c No.			Branch		IFSC Code		
15.	Name and Address of Parent /Guardian							
16.	Mobile			Phone with STD Code				
17.	e-mail							
18.	Relation to applicant			Occupation and annual income				
19.	Name and Address of Local Guardian, if any							
20.	Mobile			Phone with STD Code				
21.	e-mail							

ACADEMIC DETAILS

	Qualifying Examination (+2) Passed :	Kerala HSC		VHSE		CBSE		Others (Specify)	
	Institution last attended :								
	Year of study		Reg: No		Year of passing		(d) TC No. & Date :		

	Details of Marks	Part I	Part II Language	Part III (Write name of Subjects)				Total	%
		English							
	Grade								
	Marks Scored								

	Maximum Marks											
	Number of chances taken for passing the qualifying examination (Please tick the appropriate box)	One		Two		Three		More				

Are you eligible for grace marks for admission? (Please tick the appropriate box) (Attach copies of certificates)

(i) NCC/NSS		(ii) Ex-Servicemen		(iii) NCC Certificate	A	B	C

Details of 10th Standard Examination

Institution attended					
Year of study		Reg: No		TC No. & Date	

Representation in sports/games Specify the discipline and tick the level (attach copies of certificates)		District	State	National
		District	State	National
		District	State	National
Representation in arts activities Specify the item and tick the level (attach copies of certificates)		District	State	National
		District	State	National
		District	State	National

Those who are eligible under sports/games fine arts, photocopy of the application should be submitted separately

CLINICAL DETAILS

Are you eligible for Claim under Hearing Impaired?		Yes		No	
If yes,	% of disability		Issuing Authority		
Have you any other disability other than Hearing Impaired?		Yes		No	
If yes, Provide Details					

COURSE TO WHICH ADMISSION IS SOUGHT

I Choice			II Choice		III Choice
If yes,	% of disability		Issuing Authority		
Have you any other disability other than Hearing Impaired?		Yes		No	
Common course chosen in Language other than English	Malayalam / Hindi / Arabic				

DECLARATION

I declare that the particulars given above are correct to the best of my knowledge & belief. I hereby undertake, if admitted, to abide by the rules of the college, to obey the orders and the instructions of the Teachers and Principal of the College.

Place :

Date :

I/We do hereby guarantee the good conduct of my/our ward and the payment of all his/her dues to the college and hostel during the program of study.

Signature of Local Guardian, if any

Signature of Parent/ Guardian

DOCUMENTS TO BE ATTACHED

1) SSLC Cerfificate
2) Qualifying Examination
3) Disability Certificate, Showing level of disability
4) Copy of Adhaar
5) 2 copies of Photo

ACKNOWLEDGEMENT

Application Number :		Name of Student:

Signature of Principal