

# **PROSPECTUS**

For Admission into

**Bachelor in Audiology and Speech Language Pathology  
(B.ASLP)**

**DEPARTMENT OF ENT & BASLP COURSE  
Pt. J.N.M. MEDICAL COLLEGE, RAIPUR**

**Pt. DEENDYAL UPADHYAY MEMORIAL HEALTH SCIENCE AND  
AYUSH UNIVERSITY RAIPUR (C.G.)**

**Pt. J.N.M. Medical College, Raipur (C.G.)**

**Autonomous Society**



**Session2025-26**

# INTRODUCTION

Bachelor in Audiology and Speech Language Pathology course was started on August 2006-07 at Pt. J.N.M. Medical College, Raipur, C.G. This course is affiliated by Chhattisgarh Ayush Medical University, Raipur. This provides the students of Chhattisgarh an opportunity to pursue their study of Bachelor in Audiology and Speech language pathology at this prestigious institution, Pt. J.N.M. Medical College, Raipur. This course is run by autonomous society of Pt. J.N.M. Medical College, Raipur under self finance scheme. There are no such Central Govt./State Govt. institution available in near by states and the need for this course is felt for the benefit of poor and middle class people and students of this state.

Chhattisgarh is a new state which came into existence only 25 years back, with all potential for Human Resource Development. The field of Audiology and Speech pathology is still budding in this place. Being able to understand speech and language is a unique quality of human being. Capacity of normal hearing is necessary for development of normal speech and language, which develops naturally in early years of life. In absence of normal hearing child can not learn normal language and speech therefore, early identification of hearing impairment and timely therapy is essential. Moreover hearing problems and different types of speech disorders in children as well as adults are also gradually increasing. To meet with these requirements many trained personnel in this field and well equipped training centers are required.

Speech and hearing disorders are quite common in the society and its exact burden is not known specially in Chhattisgarh. Incidence of congenital deafness is supposed to be four in one thousand in developing countries, which is substantially high. There are no teaching and training institute of Audiology and Speech pathology in Chhattisgarh. Looking into vast prevalence of disability and non availability of trained personnel in this field and training centers in our state, a well equipped department of Audiology and speech pathology in Govt. institution is needed, so that poor and middle class students of this area can also get their training.

Bachelor in Audiology and Speech Language Pathology is a specialized course with tremendous potential and limitless applications. Persons trained in above course will be needed for proper assessment, therapy, guidance and habilitative measures of speech and hearing handicapped.

## **Bachelor in Audiology and Speech Language Pathology (B.ASLP)**

### **Course Duration:**

The program shall be of four academic years (total 8 Semesters) including one year of internship & should be completed within 7 years from the date of admission. An academic year will consist of two semester.

### **Affiliating University:**

Pt. Deendayal Upadhyay Memorial Health Science & Ayush University, Raipur (C.G.)

### **Total Seats:**

20 Seats (inclusive of seats allocated for reserved category as per C.G. state Govt. admission rules.)

This course is under self finance scheme governed by the autonomous society of Pt.J.N.M.Medical College, Raipur (C.G.), conducted in the Department of E.N.T. & B. ASLP

### **Syllabus and Examination:**

Please refer to the syllabus published by Rehabilitation Council of India (RCI New Delhi), (Will be provided to admitted students only) [www.rehabcouncil.nic.in](http://www.rehabcouncil.nic.in)

### **Eligibility:**

- Candidates passed 10+2 or an equivalent examination from a recognized board with minimum of 50% aggregate marks relaxation in the qualifying marks shall be as per rules and regulations of respective University/state/UTs or Central Government.
- The applicant/candidate should have studied any two or more subjects in the science stream in qualifying examination.
- 50% Seat will be reserved for the candidate of C.G.

Age limit- (As per RCI admission rule)

**Method of selection:-** Merit list will be prepared according to the total marks obtained in higher secondary.

In case of equal marks in merit list preference will be given to the candidates of current academic year and then to the candidate who score more marks in Biology/Mathematics/Physics/Chemistry/Computer Science/ statistics/ Electronics/ Psychology

Distribution of seats:

S.No.	Category	Total Seats
1.	Unreserved	09
2.	ST (32%)	06
3.	SC(12%)	02
4.	OBC(14%)	03

**Distributions of Seats will be changed as per reservation rules of C.G. Govt. at the time of counseling.**

**1. RESERVATIONS ARE AVAILABLE FOR RESERVED CATEGORIES AS PER RULES OF C.G. GOVT.**

**2. ORIGINAL DOCUMENTS TO BE SUBMITTED AT THE TIME OF COUNSELLING**

**Fees structure:-**

- The course fee will be 35,000/- per candidates per year (Per two semester) for the General category.
- Caution Money:Rs.10,000/- (refundable at the end of course without interest).
- Library fee (Per annum)Rs.200/-.
- Miscellaneous Rs.300/- (Per annum).
- Total fees will have to be deposited at the time of admission. In case of cancellation of admission for any reason refund of fee will be done as per current years policy.
- Fees will have to be deposited before the beginning of each academic year failing which the student will be refused admission to the next session.
- During internship candidates will be paid 3000/- per month as stipend.

**General information:-**

1. All particulars in the application form must be written carefully and legibly in capital letters. All claims made in the application must be supported with documentary proof.
2. No relaxation in the last date will be granted. The institute takes no responsibility for any delay in the receipt or loss of application/intimation letter in transit.
3. All the dates and process of admission will be displayed on the raipurbaslp.org website as well as cgdme.in website.
4. All admission will be provisional till the verification/ equivalency of certificates etc. received from the concerned board/University.
5. No individual intimation is sent to unselected candidates and no correspondence on the subject is entertained.
6. Students who do not join the course in time are liable to refusal of admission. In case of delay in joining after admission due to any reason, a communication must be sent to E-mail id-coursecoordinatorbaslp@gmail.com, If not will be subjected to cancellation of admission.
7. Selected candidates from waiting list may be intimated by post/e-mail/telephone/mobile.
8. Submission of form: All completed application form should be sent in the envelop by post along with application form and should reach before the closing date. A Demand Draft of Rs. 600/- for the general category and Rs. 350/- (including application form fees) for the reserved candidates in favour of B.ASLP Course Pt. J.N.M.Medical College, Raipur must be submitted along with the application form. Candidates must write his/her complete name and address on the back of Demand draft.

## **NO SEPARATE LETTER WILL BE ISSUED FOR COUNSELLING**

The last date for deposition of form, display of the combined merit list. Objection if any in merit list (dawatpatti date), and counseling information will be updated on the website raipurbaslp.org

### **SELECTED CANDIDATES WILL BE REQUIRED TO DEPOSIT THE FULL SCHEDULED FEE ON THE SAME DAY OF THE COUNSELLING**

#### **CANCELLATION OF ADMISSION:**

If it is found that a candidate has succeeded in admission on the basis of false or incorrect information or by hiding relevant facts any time after admission. He/she should be liable to cancellation forthwith, without any notice at any time during the course of his/her study by the Dean & C.E.O. Pt. J.N.M. Medical College, Raipur. In case of dispute or doubt concerning admission etc. decision of the Dean & C.E.O. Pt. J.N.M. Medical College, Raipur shall be final.

#### **MODIFICATION TO RULES/ PROCEDURES:**

1. The C.E.O. reserves the right to amend any rule/procedure for admission to the course after recommendation of the academic council of the course and any modification as made shall be binding on all candidates.
2. The decision of the Dean and C.E.O. of the institute in the matter of selection of candidates and cancellation of fees for the course shall be final.

#### **IMPORTANT:**

The students must follow the work culture and discipline of the institution Student must abide by the rules and regulation of Rehabilitation council of india and amended time to time. No hostel accommodation is available at present.

#### **CHECKLIST:**

Before dispatching the completed application form, the candidate should check against each of the following points whether he/she has enclosed the same or not:-

(Submit only attested photocopy of the certificate in the given order. Do not submit original certificates).

- |   |        |
|---|--------|
| 1. Write your application in Capital Letter only  | Yes/No |
| 2. One recent passport size photography pasted at proper place on Application form  | Yes/No |
| 3. Mark sheet of 10 <sup>th</sup> (Date of birth) & 12 <sup>th</sup> Certificate and certificate of good conduct from the institute last attended/character certificate are mandatory | Yes/No |
| 4. Domicile Certificate   | Yes/No |
| 5. Certificate from the competent authority for the candidate seeking admission under the reserved categories.  | Yes/No |
| 6. Income Certificate (of parents)  | Yes/No |
| 7. Aadhar Card (Photocopy)  | Yes/No |
| 8. Important links to check   |        |
| ❖ www.cghealthuni.com   | Yes/No |
| ❖ https://rehabcouncil.nic.in   | Yes/No |
| ❖ CGGovt.rules (Admission)  | Yes/No |

**ALL ORIGINAL DOCUMENTS MUST BE PRODUCED AT THE TIME OF COUNSELLING.**

## प्रमाण पत्रों के प्रारूप

(अ) अनुसूचित जाति/अनुसूचित जन जाति प्रमाण पत्र  
कार्यालय, अनुविभागीय अधिकारी (प्रमाणीकरण)

अनुभाग ..... जिला ..... छत्तीसगढ़

पुस्तक क्रमांक .....

प्रकरण क्रमांक .....

प्रमाण पत्र क्रमांक .....

### जाति प्रमाण पत्र

यह प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी .....

पिता/पति का नाम ..... निवासी ग्राम/नगर .....

पटवारी हल्का नं. .... वि.खं. .... तहसील .....

जिला ..... संभाग ..... जाति/जनजाति का/की सदस्य है और इस

जाति/जनजाति को संविधान के अनुच्छेद 341 के अधीन छत्तीसगढ़ (म.प्र.) राज्य के संबंध में अनुसूचित जाति एवं जनजाति के रूप में विनिर्दिष्ट

किया गया है और यह ..... जाति/जनजाति अनुसूचित जाति एवं जनजाति (संशोधन)

अधिनियम 1976 के अन्तर्गत छत्तीसगढ़ (म.प्र.) की सूची में अनुक्रमांक ..... पर अंकित हैं।

अतः श्री/श्रीमती/कुमारी ..... पिता/पति का नाम .....

अनुसूचित जाति/जनजाति का/की है।

प्रमाणित किया जाता है कि आवेदक श्री/श्रीमती/कुमारी ..... के

परिवार की कुल वार्षिक आय रुपये ..... है।

हस्ताक्षर

दिनांक .....

प्रमाणीकरण अधिकारी का नाम

पदनाम

(सील)

टिप्पणी :

1. अनुसूचित जाति का अर्थ है संविधान के अनुच्छेद 341 के अन्तर्गत विनिर्दिष्ट छत्तीसगढ़ (म.प्र.) राज्य से संबंधित अनुसूचित जाति तथा जनजाति का अर्थ है संविधान के अनुच्छेद 342 के अन्तर्गत विनिर्दिष्ट छत्तीसगढ़ (म.प्र.) राज्य से संबंधित जनजाति।
2. केवल निम्नलिखित अधिकारियों द्वारा जारी किये गये प्रमा-पत्र मान्य होंगे। (अ) कलेक्टर/अतिरिक्त कलेक्टर/डिप्टी कलेक्टर/एस.डी.ओ. (अनुविभागीय अधिकारी) उप संभागीय मजिस्ट्रेट / (ब) तहसीलदार (स) नायब तहसीलदार (द) परियोजना प्रशासक /अधिकारी, गृह/माध्यम/एकीकृत आदिवासी परियोजना।

यह प्रमाण पत्र उपरोक्त में से किसी भी एक अधिकारी द्वारा नियत जाँच एवं आत्म संतुष्टि के पश्चात ही जारी किये जाये, न कि उम्मीदवार के अभिभावक द्वारा दिये गये शपथ - पत्र के आधार पर और न ही स्थानीय निकायों के सदस्यों द्वारा जारी किये गये प्रमाण पत्र के आधार पर।

(अ) : छत्तीसगढ़ की अन्य पिछड़ी जाति (क्रीमीलेयर को छोड़कर) श्रेणी के  
उम्मीदवारों द्वारा प्रस्तुत किया जाने वाला प्रमाण-पत्र

कार्यालय, अनुविभागीय अधिकारी (प्रमाणीकरण)

अनुभाग ..... जिला ..... छत्तीसगढ़

पुस्तक क्रमांक .....

प्रकरण क्रमांक .....

प्रमाण पत्र क्रमांक .....

यह प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी .....

पिता/पति का नाम ..... निवासी ग्राम/नगर .....

जिला ..... संभाग ..... छत्तीसगढ़ के निवासी है, जो

..... जाति के हैं, जिसे पिछड़ा वर्ग के रूप में छत्तीसगढ़ (म.प्र.) आदिमजाति, अनुसूचित जाति एवं पिछड़ा वर्ग

कल्याण विभाग की अधिसूचना क्र.एफ. 8-5/पच्चीस/4/84, दिनांक 26 दिसम्बर, 1984 द्वारा अधिमन्य किया गया है।

श्री/श्रीमती/कुमारी ..... और/या उनका परिवार

सामान्यतः छत्तीसगढ़ के जिला ..... संभाग ..... में निवास

करता है व छत्तीसगढ़ राज्य में

दिनांक ..... को प्रयोजन कर चुका है।

यह भी प्रमाणित किया जाता है कि श्री ..... क्रीमीलेयर (सम्पन्न वर्ग)

व्यक्तियों /वर्गों की श्रेणी में नहीं आते हैं। जिनका उल्लेख भारत सरकार, कर्मियों एवं प्रशिक्षण के परिपत्र क्र. 360/2122/93 तथा

(एस.सी.टी.) ए दिनांक 8-9-93 द्वारा जारी सूची में कॉलम-3 में तथा छत्तीसगढ़ (म.प्र.) शासन, सामान्य प्रशासन विभाग के ज्ञापन क्रमांक एफ.

7-26/3/1 आ.प्र. दिनांक 8 मार्च 1994 के साथ संलग्न परिशिष्ट ई की अनुसूची के कालम (3) में किया गया है।

2. प्रमाणित किया जाता है कि आवेदक श्री/श्रीमती/कुमारी ..... के

परिवार की कुल वार्षिक आय रुपये ..... है।

दिनांक .....

(सील)

हस्ताक्षर

प्रमाणीकरण अधिकारी का नाम

पदनाम

## वास्तविक निवासी प्रमाण-पत्र

क्रमांक .....

दिनांक .....

यह प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी .....

आत्मज/आत्मजा/पत्नी-श्री..... निवासी .....

..... तहसील .....जिला .....छत्तीसगढ़ के मूल

निवासी है, क्योंकि वह :-

1. छत्तीसगढ़ में पैदा हुआ है / हुई है।
  - क. वह, अथवा
  - ख. उसके पालकों में से कोई,
  - ग. उसके पालकों में से यदि कोई जीवित न हो, तो उसका वैध अभिभावक (गार्जियन) छत्तीसगढ़ में, अथवा
2. उसके पालकों में से कोई भी :-
  - क. राज्य शासन का सेवारत या सेवानिवृत्त कर्मचारी हो, अथवा
  - ख. केन्द्रीय शासन का कर्मचारी हो, जो छत्तीसगढ़ राज्य में सेवारत हो,
3. क. वह स्वयं, अथवा
  - ख. उसके पालक राज्य में पिछले पाँच वर्षों से कोई अचल सम्पत्ति, उद्योग अथवा व्यवसाय रखते हों

परन्तु उपरोक्त के अतिरिक्त निम्नलिखित में से किसी एक कंडिका में उल्लेखित शर्त की पूर्ति भी करता हो:-

4. उसने अपनी शिक्षा छत्तीसगढ़ राज्य अथवा अविभाजित मध्यप्रदेश के छत्तीसगढ़ राज्य में शामिल जिलों में स्थित किसी भी शिक्षण संस्था में कम से कम 3 वर्ष तक प्राप्त की हो, अथवा उसने छत्तीसगढ़ राज्य में स्थित किसी भी शिक्षण संस्था से निम्नलिखित परीक्षायें उत्तीर्ण की हो अर्थात् :-
  - क. यदि किसी संस्था में प्रवेश के लिए या शासन के अधीन सेवा के लिए न्यूनतम शैक्षणिक योग्यता मान्यता प्राप्त विश्वविद्यालय की स्नातक उपाधि निर्धारित हो, तो उच्चतर माध्यमिक परीक्षा 8 वीं, कक्षा की परीक्षा।
  - ख. यदि किसी संस्था में प्रवेश के लिए या शासन के अधीन सेवा के लिए न्यूनतम शैक्षणिक योग्यता किसी भी विश्वविद्यालय या बोर्ड की इंटरमीडिएट, हायर सेकेंडरी या कोई और समकक्ष परीक्षा निर्धारित की गई हों, तो आठवीं कक्षा की परीक्षा।
  - ग. अन्य मामलों में पांचवी कक्षा की परीक्षा।
5. क. छत्तीसगढ़ राज्य को आबंटित अखिल भारतीय सेवाओं के अधिकारियों की संतान एवं पत्नी।
  - ख. छत्तीसगढ़ राज्य के शासन के अधिकारियों / कर्मचारियों की संतान एवं पत्नी।
  - ग. शासन द्वारा वर्तमान में निर्धारित छत्तीसगढ़ के स्थानीय निवासी की परिभाषा के अन्तर्गत आने वाली व्यक्तियों की पत्नी।
  - घ. छत्तीसगढ़ में संवैधानिक या अन्य विधि पदों पर नियुक्त व्यक्तियों की संतान तथा उसकी पत्नी प्रदेश के स्थानीय निवासी माने जायेंगे।

प्राधिकृत अधिकृत के हस्ताक्षर

टीप: जो अंश लागू न हो उन्हें काट दिया जावे।

पदनाम एवं सील

Form No.

Admission in

**BACHELOR IN AUDIOLOGY AND SPEECH LANGUAGE PATHOLOGY (B.ASLP)  
APPLICATION FORM  
(USE CAPITAL LETTERS ONLY)**

Affix Self Attested  
Recent Passport Size  
Photograph

Note:

1. SEND ONLY BY REGISTERED/SPEED POST.
2. LEAVE ONE BOX BLANK BETWEEN THE FIRST, MIDDLE AND LAST NAME. Do not use Mr./Mrs./Ms. etc.

1. **Candidates Name** (As per matriculation /class 10th mark sheet)

Surname:

Name:

2. **Father's/Husband's Name:**

3. **Mother's Name:**

Annual income in Rs.   
(Father/Mother/Husband)

4. **Place of Birth:**

5. **Date of Birth:** Date   Month   Year

6. **Sex:** Male  Female  7. **Marital Status:** Married  Unmarried

8. **a. Nationality:**   
(If passport holder, state nationality mentioned their in)

**b. Mother Tongue:**

9. **Category:** SC  ST  OBC  Other

10. **Aadhar No.**

P.T.O.

<b>11. Address for the correspondence:</b>																			
Pin Code:					Phone No.:														
					Mobile No.:														
e-mail Address :																			

<b>12. Permanent Address:</b>																			
Pin Code:					Phone No.:														

<b>13. Local Guardian's Name &amp; Address:</b>																			
Pin Code:					Phone No.:														
					Mobile No.:														

**14. Relation with local Guardian:**

**15. Educational qualification:**  
**Note :** Please attach attested true copies of certificates and mark sheets other wise the application will not be considered.

Examination Passed	Year of Passing	Name of School/ College	Name of University/ Board	Max. Marks	Marks Obtained	% of Marks Obtained
10th Class						
12th Class						

**Details of Bank Draft:-**

Draft No.	Date	Issued by

(If needed additional Biodata for Marks obtained may be attached with this form)

**16. Declaration by candidates:**  
 A. I do solemnly affirm that the information given in this application forms is true to the best of my knowledge and belief.  
 B. I will abide by rules and regulations of the institution enforced from time to time.

Place \_\_\_\_\_ Date \_\_\_\_\_ Signature of Candidate

<b>17. For Office use Only</b>			

**(Please attach necessary certificate(s) in support)**

**DEPARTMENT OF ENT  
AUDIOLOGY AND SPEECH THERAPY UNIT  
PT. J.N.M. MEDICAL COLLEGE AUTONOMOUS SOCIETY  
BACHELOR IN AUDIOLOGY AND SPEECH LANGUAGE  
PATHOLOGY COURSE 2025-26**

**STUDENT DECLARATION FORM**

BACHELOR IN AUDIOLOGY AND SPEECH LANGUAGE PATHOLOGY being run under self Finance scheme under autonomous society in the Department of ENT & B.ASLP Course

The fee includes tuition fees must abide by the rules and regulation of RCI & Pt. deendayal upadhyay memorial health sciences & ayush university.

No liability for result or placement of the students.

The local disciplinary norms must strictly be followed.

The timings for the classes will be from 9.00A.M. to 4.00 P.M.

Ragging is strictly prohibited and those found to be indulged will bear the legal consequences.

No hostel facilities are being provided at present.

I undertake to conduct myself responsibly and abide by the above terms and conditions.

Name of candidate

Signature

Name and signature of the guardian

Date

Place

Please provide name and telephone No. of two people who are to be contacted in case of emergency illness or accident.

Person & relationship

Contact Number

1.

2.