



ಅವಿಲ ಭಾರತ ವರ್ಕ್ ಶ್ರವಣ ಸಂಸ್ಥೆ, ಮೈಸೂರು - ೫೭೦೦೦೬
ಅಖಿಲಭಾರತೀಯ ವಾರ್ ಶ್ರವಣಸಂಸ್ಥಾನ :ಮೈಸೂರು - ೫೭೦೦೦೬

ALL INDIA INSTITUTE OF SPEECH & HEARING: MYSORE - 570006
An Autonomous body under the Ministry of Health and Family Welfare,
Govt. of India, Manasagangotri, Mysore - 570 006
Phone: 0821-2502000/ 2502100, www.aiishmysore.in

ವಿಜ್ಞಾನಸಂಖ್ಯಾ/ ADVERTISEMENT No. 22/2025

ದಿನಾಂಕ/Dated: December 18, 2025

AIISH, Mysore invites applications for the post of Speech and Hearing Specialist to be filled on contractual basis at the Institute for the Mother-Child Training Center for Children with Hearing Impairment for the age range of 0-4 years, funded by the Department for Empowerment of Differently Abled and Senior Citizen, Government of Karnataka, Bengaluru as detailed below:

Post code	Name of the post	No. of Positions & Salary	Qualifications
1	Speech & Hearing Specialist	01 & Consolidated Salary: Rs.40,000/- per month	Maximum age: Upto 40 years. Tenure of Engagement: 12 Months (Extendable based on Performance) Essential Qualification: <ul style="list-style-type: none">• B.ASLP/M.Sc(Speech& Hearing)/M.ASLP/M.Sc(SLP)• Reading & Writing Knowledge in Kannada is mandatory. Desirable Qualification: 02 years of experience in relevant field. RCI Registration No. & Validity (If relevant): Yes Nature of work: Speech Therapy & Listening training to children with hearing impairment. Place of Work: AIISH, Mysore.

HOW TO APPLY:

- a) The application form may be downloaded from AIISH website www.aiishmysore.in.
➤ *The selection will be made according to the performance in the Walk in Interview and requirement of the post. However, the decision of the Selection Committee will be final and no changes will be entertained after their final selection*
- b) Interested candidates who meet the requirement, shall submit the **application form (hard copy) on or before 21/12/26, 5:30 PM** to the Office of the Chief Administrative Officer, All India Institute of Speech & Hearing, Manasagangotri, Mysore - 570 006 along with **Self attested copy** of necessary certificates in support of their **DOB proof, educational qualification certificates i.e., all semester marks list, Diploma certificate, Degree certificate, Master Degree certificate, RCI certificates, Experience Certificates (if necessary)**. Otherwise, the application would be rejected.
- c) Applications without **photograph, signature, and necessary certificates in support of their application** shall be summarily rejected.

d) The prescribed Essential Qualifications are a bare minimum and mere possession of it, will not entitle the candidates to be considered for the post. The candidates should furnish all the Qualifications and Experience possessed in the relevant field, over and above the minimum qualifications prescribed for consideration of their candidature. ***Rehabilitation professionals must possess a valid RCI Registration certificate, failing which their candidature will be summarily rejected.***

e) The upper age limit will be reckoned as on the date of walk-in-interview. However, age can be relaxed by the Director in exceptional circumstances.

f) **Application fee:**

For General Category, OBC and EWS candidates – ₹118/- (i.e., ₹100/- + 18% GST)

For candidates belonging to SC/ST categories - ₹48/- (i.e., ₹40/- + 18% GST)

For **women and PwBD candidates** - **exempted** from payment of application fee.

The candidates should mention the prescribed application fee details in the Application. Application without application fee will be summarily rejected.

g) **Method of payment of application fee:**

1. Mode of Payment- BHIM QR CODE:



2. Mode of Payment – Cash:

- Candidates may make the application fee payment in cash at the Institute counter.
- The prescribed application fee details must also be clearly mentioned in the application form.
- Fees once paid will not be refunded under any circumstances, even if the recruitment is deferred for any reason.

Please mention the Remarks of the payment / Purpose of the transaction as:

- Application fee for the post of
- Application fee for the post code

Candidate has to provide the following details of the payment in the application form and attach proof of payment in the application:

Transaction ID/UTR reference no:

(Application without Transaction ID / UTR reference number will be summarily rejected)

Date of Payment:

GENERAL CONDITIONS / INFORMATION:

- 1 *The engagement of the candidates in this post does not confer any right or title to claim a permanent appointment at this Institute.*
- 2 The competent authority reserves the right to accept or reject any application without assigning any reasons. The competent authority reserves the right not to fill all or any of the posts mentioned in the advertisement.
- 3 Canvassing in any form and/or bringing in any influence political or otherwise will be treated as a disqualification for the post.
- 4 Email's / phone calls related to recruitment / Interim enquiries and other enquiries will not be attended to.
- 5 Candidates should regularly visit our website for www.aiishmysore.in for latest updates through notifications, instructions, and circulars relating to this recruitment process. No separate communication in this regard will be sent.

M. Prakash
निदेशक /Director

Advt. No. 22/2025 dated 18.12.2025

APPENDIX-1

Advertisement No: 22/2025 dt. 18.12.2025
Closing Date: 02.01.2026

**Application fee Payment details:**

Transaction ID/UTR:

Date of Payment:

Amount paid:

Recent Passport
size photo with
self attested

ALL INDIA INSTITUTE OF SPEECH & HEARING, MYSORE- 570 006

(An Autonomous Body under Ministry of Health & Family Welfare, Govt. of India)

**APPLICATION FORMAT FOR THE POST OF SPEECH & HEARING SPECIALIST
(POST CODE: 1)****Post Name..... & Post Code:.....**

1. Name of the Candidate (BLOCK LETTERS):
Mr./Mrs./Ms./Dr.

2. Gender: Male Female Transgender

3. (a) Address for Communication:
.....
.....
.....

(b) Email ID

(C) Mobile Number

(d) Aadhar No.

(e) Permanent Address

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.....
.....

4. (a) Date of Birth:

DD MM YYYY

(b) Age as on last date of application;
(Attach Documentary proof for DOB)

Years Months Days

(C) Place of Birth:

.....
.....
.....
.....

5. Are You:

(a) a citizen of India by birth/ or by domicile:

.....
.....
.....

(b) If not, indicate the Nationality with documentary proof:

.....
.....
.....

6. Name the state to which you belong:

7. (a) Father's Name

(b) Father's Occupation: Govt Private Others

(c) Mothers Name

(d) Mother's Occupation: Govt Private Others

8. State whether you are a member of scheduled Caste/ scheduled tribe/OBC/EWS/UR/PwBD
(if so, attach documentary proof in support) SC ST OBC
 UR EWS PwBD

9. Have you ever been convicted by a court of law for any offence ? Yes No

10. Present Employer of the candidate: Govt Private Others

(a) In case of candidate working under Govt. whether this application sent thro' proper channel or not:

Yes No

(b) In case of private/ others, indicate the name & address of the employer:

11.(a) Educational Qualification:

Note: Percentage should be calculated strictly in accordance with the Rules & Regulations of the respective university/ board (as awarded in Degree Certificate & the copy of percentage conversion certificate received from university / college should be attached along with the application. (Attach Documentary Proof).

Examination (Name of the Board/University)	Percentage of marks obtained	CGPA	Major Subjects	Year of Passing	Equivalence of Percentage in case of CGPA with supporting documents
SSLC / X					
HSC / XII					
Diploma / PG Dipolma Certificate (if any)					
Bachelor Degree					
Master Degree					
M.Phil./ Ph.D					

Note: wherever it is not applicable make as Nil or NA.

11.(b) Other Qualifications:

Note: Sufficient Information to be provided in respect of other qualifications, other than 11(a) above, wherever applicable, as per the qualifications for respective posts.

Course /Examination	Percentage of marks obtained	CGPA	Major Subjects	Year of Passing	Equivalence of Percentage in case of CGPA with supporting documents

12. RCI/CAHP Registration details: (attach documentary proof- wherever applicable)

RCI/CAHP Registration No:

Date of Issue of Certificate:

Validity of the certificate till:

13. Work Experience (Starting from the most recent):

(If the copy of experience certificate is not enclosed then, your experience will not be counted)

Name of the employer with full address (Indicate sector: Govt/Private)	Designation / Position	Duration		Pay level (If in Govt.) Emolument (Basic + DA) [If in Private]	Nature of work & Level of responsibilities
		From	To		

Note: Copy of recent pay slip/ last pay certificate indicating clearly Basic & DA should may be attached as enclosure, failing which the application shall be treated as incomplete.

14. (a) Other professional training undergone, if any, and details thereof:

14. (b) Honours & Awards:

15. References:

Give name & address of two professionals in the field who are in a position to comment on your professional work (The institute may write to them for a confidential assessment of the candidates' capabilities.

Name & officer address of the Official	Designation	Contact No. & Official Email
		Mobile: Email:
		Mobile: Email:

16. Briefly explain (within 100 words) how you are suitable for this position.

17. Languages Known:

Name of the Language:	(Please Tick) [Read/Write/Speak]
Name of the Language:	(Please Tick) [Read/Write/Speak]
Name of the Language:	(Please Tick) [Read/Write/Speak]
Name of the Language:	(Please Tick) [Read/Write/Speak]
Name of the Language:	(Please Tick) [Read/Write/Speak]

18. How early you can join this Institute, if selected?

19. Checklist:

Sl. No.	Details of Enclosure	Enclosed			Reference to Annexure
		Yes	No	Not applicable	
1	Proof of payment of application fee				
2	Proof of age				
3	SSLC				
4	PUC				
5	Bachelor's Degree (all semester mark sheets)				
6	Bachelor's Degree Certificate				
7	Diploma Certificate				
8	Master's Degree (all Semester mark sheet)				
9	Master's Degree Certificate				
10	M.Phil./Ph.D. Certificate/Declaration of result				
11	RCI/CAHP Registration certificates				
12	Experience Certificates				
13	Details of Honors & Awards				

DECLARATION OF THE CANDIDATE

I, hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. If any information is found false, my candidature may be disqualified without prejudice to any action that may be taken under the rules.

Date:

Place:

Candidate's Signature