

Academic Cell
6/10/2025

**Ali Yavar Jung National Institute of Speech and Hearing Disability (D),
Mumbai – 4000 50**

Admission Notice : B.Ed and M.Ed Special Education(Hearing Impairment) 2025-26

Sr.no.	Course	Mumbai	Years	Eligibility	Mode of Admission
1	Bachelor of Education(Hearing Impairment)(B.Ed Spl.Edu.(H.I)	14	Two years	Bachelor's Degree in any discipline or equivalent from any UGC recognized University with minimum 50% marks.(For SC/ST/OBC /PWDs reservation as per University Guidelines.	All India Entrance Exam of AYJNISHD
2	Master of Education in Special Education(Hearing Impairment) M.ED Spl.Edu.(H.I)	13	Two years	B.ED(B.I)/B.Ed(DEAF)/B.ED(HH) B.EdSpl.Edu.(H.I)regular/Distance mode from UGC recognized University or any other degree equivalent recognized by the affiliating University and/or Teaching Dept. under any University recognized by UGC and RCI with minimum 50% . OR B.ED(General Edu) with 50% aggregate marks and has successfully completed Diploma in Spl.Education(H.I.) or equivalent recognized by the RCI with minimum 50% aggregate marks. .(For SC/ST/OBC/PWDs reservation as per University Guidelines.	

THE LAST DATE FOR SUBMISSION OF APPLICATION FORMS FOR ENTRANCE EXAMINATION B.ED SPL Edu. (HI) AND M.ED SPL.Edu. (HI) COURSE IS 14/10/2025 . THE SC/ST RS.750/- AND GENERAL/OBC RS.1000/- AS FORM FEES IN FAVOR OF DIRECTOR, AYJNISHD(D), MUMBAI. ENTRANCE EXAM OF B.ED(HI) and M.Ed(HI) IS BASED ON MENTAL APPITTITUDE,TEACHER APPTITUDE, GENERAL KNOWLEDGE, EDUCATIONAL TECHNOLOGY/CT, ENGLISH COMPETENCE, RESEARCH APPTITUDE & DISABILITIES.
Email.: nihhac@yahoo.com, ayjnhh-mum@nic.in, website: <https://ayjnishd.nic.in>


(Dr. Suman kumar)
DIRECTOR
DIRECTOR

अ.या.जं.रा.वा.श्र.दि.सं.
A.Y.J.N.I.S.H.D. (D)

K. C. Marg, Bandra Reclamation
Bandra (W), Mumbai - 400 050



Ali Yavar Jung National Institute of Speech and Hearing Disabilities (D), Mumbai

(Under the Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice & Empowerment, Government of India, New Delhi)
IS/ISO 9001: 2015 Certified Organisation
Bandra Reclamation, Bandra (West), Mumbai – 400050.
Phone: 022-26409094 / 26422638 Fax: (022) 26404170
Email: nihhac@yahoo.com / ayjnihhmum@nic.in / Website: ayjnihh.nic.in



Form No.:

APPLICATION FOR ADMISSION TO (Name of the Course): _____
CHOICE OF THE TRAINING CENTRE: _____

- Note: 1. Incomplete form will not be considered
2. Attach attested copy of caste/PH/Academic/Internship/School leaving document, as applicable.
3. Application submitted for one centre will not be considered for admission on other centres of AYJNIHH.

- Name of the candidate: _____
- Name of the Parent / Guardian: _____
- Date of Birth (dd/mm/yy): _____ Age in years & months: _____
- Gender: M/F _____ Married / Unmarried: _____
- Nationality: _____ Domicile: _____
- Category: SC ☐ ST ☐ OBC ☐ PH ☐ Open ☐
- Annual Family Income (from all sources): _____
- Address for Correspondence: _____
State: _____ Pin: _____
Tel No: (with STD code): _____ Mobile No.: _____
E-mail ID: _____
- Permanent Address: _____
State: _____ Pin: _____
Tel No: (with STD code): _____ Mobile No.: _____
- How did you come to know about the course: Advertisement/Institute/website/Friends/
Relatives/NGOs/Leaflets/Awareness material through NIHH/others (please specify)
- Details of examinations passed (include academic and professional courses, internship):

Name of the exam passed	Name of the Board/University	Year of passing	Marks allotted	Marks obtained	Percent obtained	Subjects
SSC/Xth Std.						
HSC/XII Std.						
Details of Degree (mention name of the course, for example BASLP/B.Ed.(HI)/B.sc./B.A./B.Com. etc in the first column)						
First Year						
Second Year						
Third Year						
Internship details						
Details of PG Degree (mention name of the course, for example MASLP/M.Sc./M.A./M.Com. etc in the first column)						
First Year						
Second Year						
Teaching Experience for B.Ed.-SEDE (HI) passed only						
Sr.No.	Name of the organization	Post held	Experience			
			From		To	

Declaration:

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

Name of the Candidate _____ Signature _____

Name of the Candidate _____ Signature _____

FOR OFFICE USE ONLY



Ali Yavar Jung National Institute of Speech and Hearing Disabilities (D), Mumbai

(Under the Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Government of India, New Delhi)



Received Application Form No. _____

from Shri/Kum/Smt. _____

Date: _____

Receiver's Signature (Academic Cell) _____