

Admission Notification

Ali Yavar Jung National Institute for Speech and Hearing Disabilities (Divyangjan) announces Indian Sign Language Teacher Training (ISLTT) Level C course for deaf candidates at AYJNISHD, Mumbai likely to commence from 3rd July 2017. Hostel accommodation will be provided subject to availability for full time students only.

A) Eligibility:

- i) Candidates must have hearing disability certificate
- ii) 12th / HSC / equivalent pass
- iii) ISL Level 'B' Teacher Training Course successfully completed with grade B+ and above.

B) Fees:

Rs. 1300/- [Rs. 500/- Caution money deposit (refundable) + Rs. 800/- Fees (non-refundable)]

C) Timings:

Full time (10.00am to 5.30pm), Monday to Friday


Director 20/6/17



Ali Yayar Jung National Institute of Hearing & Speech Disabilities
(Divyangjan)

K.C. Marg Bandra Reclamation, West Bandra, Mumbai

Indian Sign Language Cell



Indian Sign Language Teacher Training (ISLTT)

LEVELS

A		B		C
---	--	---	--	---

1	My name is	Mr./ Ms. _____
2	I am	1. Deaf <input type="checkbox"/> 2. Hard of Hearing <input type="checkbox"/>
3	My home address is	_____ _____ _____ City _____ Pin:- _____ Email:- _____ Mobile (SMS):- _____ Whatapps :- _____ Skype:- _____
4	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
5	Age	Date of Birth: _____ Years.
6	Course	ISLTT course <input type="checkbox"/> English course <input type="checkbox"/>
7	Why are you interested in this course?	_____ _____
8	I am Deaf since birth	Yes <input type="checkbox"/> No, I became Deaf at the age of _____ years.
9	My education is	10 th pass <input type="checkbox"/> 12 th pass <input type="checkbox"/> Graduation pass <input type="checkbox"/> Other _____
10	Vocational training in	Computers <input type="checkbox"/> Tailoring <input type="checkbox"/> Artist <input type="checkbox"/> Other _____
11	I studied in	Deaf school from _____ to _____. Hearing school from _____ to _____
12	I am doing	Work Job <input type="checkbox"/> Study <input type="checkbox"/> do nothing <input type="checkbox"/>
13	Languages Known	Read: _____ Write: _____ Speak: _____ Sign: _____
16	I learned sign language in	Deaf school City:- _____ Deaf association/club City:- _____ At age _____
17	My sign language is	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Not good <input type="checkbox"/>
18	Do you meet deaf members of your area	Yes <input type="checkbox"/> Not <input type="checkbox"/> Less number of times <input type="checkbox"/>
19	I have a lot of	Deaf friends Hearing friends
20	Other deaf in my family	Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other <input type="checkbox"/>
21	Family sign with me	Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other <input type="checkbox"/>
22	I want my family/friends	All sign with me <input type="checkbox"/> Speak with me <input type="checkbox"/> Does not matter <input type="checkbox"/>
23	You aim in life for	_____
24	I am a member in	Association name:- _____ City _____
25	I want course for	ISL teacher's job <input type="checkbox"/> self-knowledge <input type="checkbox"/>
26	My signature	_____ Place:- _____ Date:- ____/____/____