

# NISH

## NATIONAL INSTITUTE OF SPEECH & HEARING

(An autonomous organisation under the Social Justice Department, Government of Kerala)

Accredited as Excellent Institution by RCI | ISO 9001:2015 Certified | Accredited by NAAC with A Grade

### 5.2.3 QUALIFYING CERTIFICATES IN STATE/NATIONAL/INTERNATIONAL LEVEL EXAMINATIONS DURING THE LAST FIVE YEARS

SL NO	Year	STUDENT	EXAMINATION
1	2021	Anju George	HAAD
2	2021	Chinju	HAAD
3	2021	Saranya	DHA
4	2021	Shyza Aslam ( DHA)	DHA
5	2021	Varsha Vijay	IELTS
6	2021	Aparna M. Kumar	IELTS
7	2020	Rony Roy	IELTS
8	2020	Greeshma Susan Babu	IELTS
9	2019	Soorya	IELTS
10	2019	Alina Francis Lobo	IELTS
11	2018	Ponnilalan S	Kerala PSC
12	2018	Vineeth R	Kerala PSC.
13	2018	BIPIN BABU	Kerala PSC
14	2017	Abdul Rishad	Kerala PSC.
15	2017	KANNAN T R	Kerala PSC
16	2017	Abin Thomas	Kerala PSC.
17	2017	Thara Thomas	IELTS
18	2017	VISHNU LAL.S	Kerala PSC
19	2016	VISHNU.S	Kerala PSC.
20	2016	AMMU M AJITH	Kerala PSC.

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2019

**IELTS™**  
**Test Report Form** ACADEMIC

**NOTE:** Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules.  
GENERAL TRAINING Reading and Writing Modules are not designed to meet the full range of language skills required for academic purposes.  
It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

Centre Number:  Date:  Candidate Number:

**Candidate Details**

Family Name:  

First Name:

Candidate ID:

Date of Birth:  Sex (M/F):  Scheme Code:

Country or Region of Origin:



Country of Nationality:

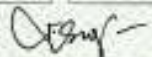
First Language:

**Test Results**


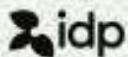
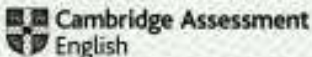
Listening	8.5	Reading	8.0	Writing	7.0	Speaking	8.0	Overall Band Score	8.0	CEFR Level	C1
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**Administrator Comments**

Centre stamp:  Validation stamp: 

Administrator's Signature: 

Date:  Test Report Form Number:

The validity of this IELTS Test Report Form can be verified online by recognising organisations at <http://ielts.uctes.org.uk>

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**IELTS™**  
**Test Report Form** ACADEMIC

**NOTE** Assessment in listening and writing modules should be based on the IELTS™ Reading and Writing Modules. (SPECIAL) The IELTS™ Reading and Writing Modules are designed to test the full range of language skills required for academic purposes. It is recommended that the candidate's language skills be reflected in the Test Report Form for at least one year after the date of the test.

Centre Number: P255A      Date: 14/OCT/2017      Candidate Number: 217754

**Candidate Details**

Family Name: THOMAS  
First Name: EDWINA  
Candidate ID: PATTISON





Date of Birth: 25/01/1995      Sex (M/F): F      Scheme Code: Private Candidate


Country or Region of Origin:   
Country of Nationality: INDIA  
First Language: MALAYALAM

**Test Results**



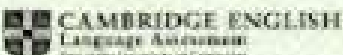
Listening	6.5	Reading	6.5	Writing	6.0	Speaking	6.5	Overall Band Score	6.5	CEFR Level	B2
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**Administrator Comments**

Centre stamp:  Validation stamp: 

Administrator's Signature: 

Date: 08/11/2017      Test Report Form Number: 0302170421401035A

The validity of this IELTS Test Report Form can be verified online by recognising organisations at <http://ielts.org.uk>

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**IELTS<sup>™</sup>**  
**Test Report Form** GENERAL TRAINING

NOTE: Information on undergraduate and post-graduate courses should be based on the ICDENEC Reading and Writing Modules. GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes. It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

Centre Number: IN001      Date: 25/OCT/2018      Candidate Number: 340456

**Candidate Details**

Family Name: [REDACTED]  
First Name: ALINA FRANCIS  
Candidate ID: L1622501

Date of Birth: 10/05/1994      Sex (W/F): F      Scheme Code: Private Candidate

Country or Region of Origin: [REDACTED]  
Country of Nationality: INDIA  
First Language: MALAYALAM

**Test Results**

Listening	7.0	Reading	7.5	Writing	6.5	Speaking	7.0	Overall Band Score	7.0	CEFR Level	C1
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**Administrator Comments**

Centre stamp: [BRITISH COUNCIL & IDP LANGUAGES CENTRE]

Validation stamp: [IELTS]

Administrator's Signature: [Signature]

Date: 07/11/2018      Test Report Form Number: 11N04018EC05A0010

**BRITISH COUNCIL**      **idp**      **Cambridge Assessment English**

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### IELTS™

#### Test Report Form

GENERAL TRAINING

NOTE: Admission to undergraduate and post graduate courses should be based on the ACADEMIC Reading and Writing Modules. GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes. It is recommended that the candidate's language ability as indicated on this Test Report Form be re-assessed after two years from the date of the test.

Centre Number	IN855	Date	18/JAN/2020	Candidate Number	414720
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#### Candidate Details

Family Name	ROY	
First Name	RONY	
Candidate ID	T2577521	

Date of Birth	21/04/1985	Sex (M/F)	M	Schema Code	Private Candidate
Country or Region of Origin					
Country of Nationality	INDIA				
First Language	MALAYALAM				

#### Test Results

Listening	7.0	Reading	7.0	Writing	7.0	Speaking	7.0	Overall Band Score	7.0	CEFR Level	C1
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#### Administrator Comments

#### Centre stamp

#### Validation stamp

Administrator's Signature

Date

17/02/2020

Test Report Form Number

19IN414720RCJYR855G

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**Test Report Form** ACADEMIC

**NOTE** Admission to undergraduate and post graduate courses should be based on the Academic Reading and Writing Modules.  
GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes.  
It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.


Centre Number  Date  Candidate Number

**Candidate Details**

Family Name

First Name

Candidate ID



Date of Birth  Sex (M/F)  Scheme Code

Country or Region of Origin

Country of Nationality

First Language


**Test Results**


Listening	<input type="text" value="6.5"/>	Reading	<input type="text" value="6.0"/>	Writing	<input type="text" value="6.0"/>	Speaking	<input type="text" value="6.5"/>	Overall Band Score	<input type="text" value="6.5"/>	CEFR Level	<input type="text" value="B2"/>
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**Administrator Comments**

Administrator's Signature

Date

Centre stamp 

Validation stamp 

Test Report Form Number

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**Test Report Form** ACADEMIC

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GENERAL TRAINING Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes.  
It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after five years from the date of the test.

Centre Number: IN001      Date: 11JAN2020      Candidate Number: 320548

**Candidate Details**

Family Name: SHAJI  
First Name: DREESHMA GUSAN  
Candidate ID: M0278125





Date of Birth: 25/05/1994      Sex (M/F): F      Scheme Code: Private Candidate

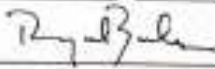
Country or Region of Origin:   
Country of Nationality: INDIA  
First Language: MALAYALAM

**Test Results**



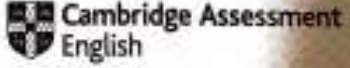
Listening:       Reading:       Writing:       Speaking:       Overall Band Score:       CEFR Level:

**Administrator Comments**

Centre stamp:       Validation stamp: 

Administrator's Signature: 

Date: 24/01/2020      Test Report Form Number: 18N3264851W6001A

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**Test Report Form** GENERAL TRAINING

NOTE: Admissions to undergraduate and post-graduate courses should be based on the ACADEMIC Reading and Writing Modules.  
Candidates preparing Reading and Writing Modules are not designed to test the full range of language skills required for academic purposes.  
It is recommended that the candidate's language ability as indicated in this Test Report Form be re-assessed after two years from the date of the test.

Centre Number: IN620      Date: 10/APR/2021      Candidate Number: 002973

**Candidate Details**

Family Name: MADHU KUMAR  
First Name: ARIANA  
Candidate ID: V057338





Date of Birth: 05/12/1993      Sex (M/F): F      Scheme Code: Private Candidate

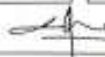
Country or Region of Origin:   
Country of Nationality: INDIA  
First Language: MALAYALAM

**Test Results**



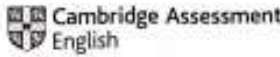
Listening	7.0	Reading	7.5	Writing	6.5	Speaking	6.0	Overall Band Score	7.5	CEFR Level	C1
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**Administrator Comments**

Centre stamp:       Validation stamp: 

Administrator's Signature: 

Date: 07/06/2021      Test Report Form Number: 71N002873MADA6200

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**Professional License Certificate**  
شهادة ترخيص مهني

Issue Date: 31-07-2021 تاريخ الإصدار

Professional Name	شايلا اسلم Shyza Aslam	اسم المهني
DHA Unique ID	97073336	الرقم التعريفي
License Number	97073336-001	رقم الترخيص المهني
License Type	الترخيص بدوام كامل Full-time License	نوع الترخيص
License Title	المساعدين في الرعاية الصحية المهنية معالج علاج النطق Allied Health-Therapist-Speech Therapy	مسمى الترخيص
License Expiry Date	31-07-2022	تاريخ الانتهاء
Facility Name	عيادات بريماكير التخصصية ش.م.م Primacare Speciality Clinics L.L.C	اسم المنشأة
Remarks / Restrictions		ملاحظات

**Notes:**

- This certificate is a proof of issuance of DHA Professional license. It does not require signature or stamp.
- To verify this document, Please visit the below link and enter the Barcode.
- Healthcare Professional shall maintain a copy of his/her valid e-License card during clinical practice.

**ملاحظات:**

- هذه الشهادة دليل على إصدار الترخيص المهني من قبل هيئة الصحة بدبي، ولا تحتاج إلى ختم أو توقيع.
- للتحقق من هذه الوثيقة، يرجى زيارة الرابط أدناه وإدخال الرمز التعريفي (الباركود).
- يتوجب على المهني الصحي الاحتفاظ بنسخة من بطاقة الترخيص الإلكتروني (مباردة المفعول) أثناء الممارسة الأكاديمية.

<https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/online-verification>

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**Professional License Certificate**  
شهادة ترخيص مهني

Issue Date: 26-01-2021 تاريخ الإصدار

Professional Name	سارانيا ماسيداران SARANYA SASIDHARAN	اسم المهني
DHA Unique ID	01011712	الرقم التعريفي
License Number	01011712-001	رقم الترخيص المهني
License Type	ترخيص بدوام كامل Full-time License	نوع الترخيص
License Title	المساعدين في الرعاية الصحية المهنية القني سمعيات أمراض السمع Allied Health-Audiologist- Audiology	مسمى الترخيص
License Expiry Date	26-01-2022	تاريخ الانتهاء
Facility Name	المستشفى الدولي الحديث International Modern Hospital	اسم المنشأة
Remarks/ Restrictions		ملاحظات

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- يتوجب على المهني الصحي الاحتفاظ بنسخة من بطاقة الترخيص الإلكترونية (سارية المفعول) أثناء الممارسة الأكلينيكية.

<https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/online-verification>

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دائرة الصحة  
DEPARTMENT OF HEALTH

License Number	GT23679		رقم الترخيص
Name	Chinju Madhukumar Premajadevi	شينجو مدوكومار بريماجادوي	الاسم
Licensed As	Speech Therapist	معالج النطق	مركز العمل
Nationality	India	الهند	الجنسية
Facility	RUWAIS HOSPITAL		المنشأة الأساسية
Issue Date	20/01/2020		تاريخ الإصدار
Expiry Date	04/04/2023		تاريخ الإنتهاء
License Status	Active	فعال	حالة الترخيص
Remarks			ملاحظات:
Privileges	NA		الامتيازات

This license was printed on 05/04/2021, its contents may change at any time it is in the discretion of the concerned authority/organization to require an up to date copy.

Any change in Primary Facility License status will invalidate the additional transactions  
\*Additional Transactions: Part Time and Secondment

Page Authority to Practice Professions +

This License authorizes the licensee here in named to practice the profession as indicated in accordance with UAE laws rules and regulations.

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**Professional License Certificate**  
شهادة ترخيص مهني

Issue Date: 17-02-2021 تاريخ الإصدار:

Professional Name	أنجو جورج Anju George	اسم المهني
DHA Unique ID	00228734	الرقم التعريفي
License Number	00228734-001	رقم الترخيص المهني
License Type	ترخيص بدوام كامل Full-time License	نوع الترخيص
License Title	المساعدين في الرعاية الصحية المهنية معالج علاج النطق Allied Health-Therapist-Speech Therapy	مسمى الترخيص
License Expiry Date	10-03-2022	تاريخ الانتهاء
Facility Name	سينس Senses	اسم المنشأة
Remarks/ Restrictions		ملاحظات

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<https://services.dha.gov.ae/sheryan/wps/portal/home/services-professional/online-verification>

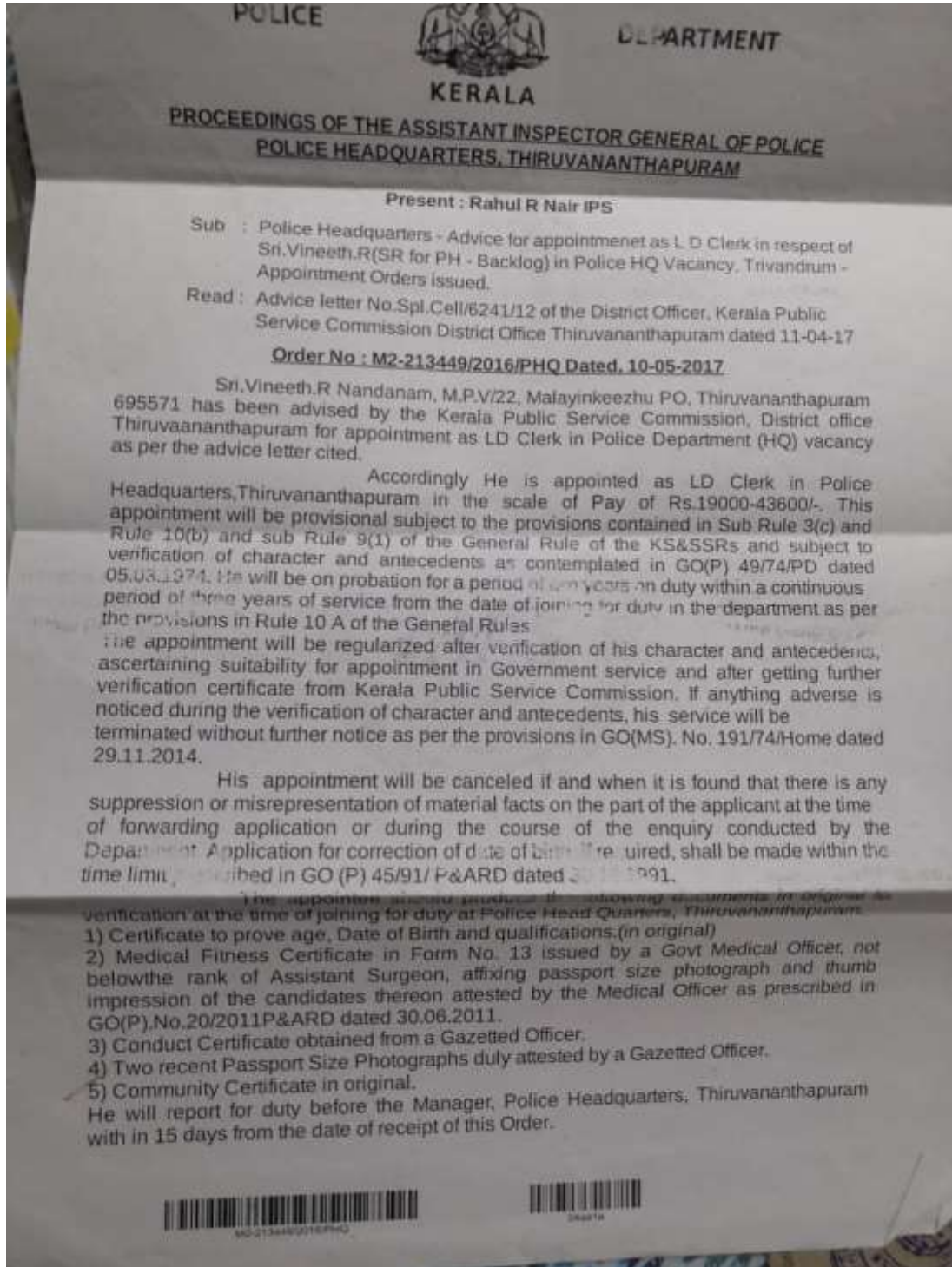
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### GOVERNMENT STATE PSC EXAMS





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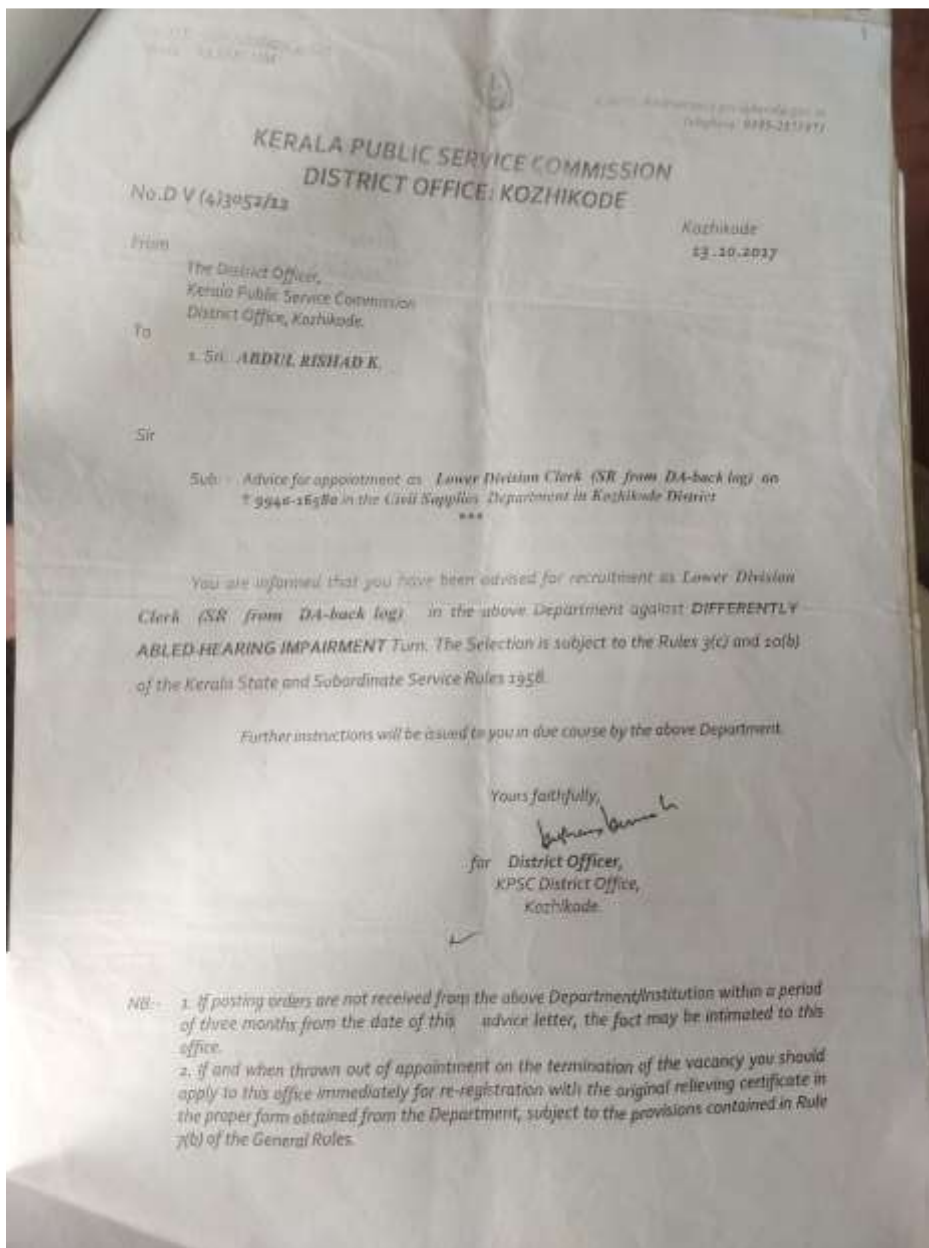


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WEBSITE: [www.nish.org.in](http://www.nish.org.in)  
Address: "KESHICODI"

E-MAIL: [admission@nish.org.in](mailto:admission@nish.org.in)  
Telephone: 0495-2371971

**KERALA PUBLIC SERVICE COMMISSION**  
**DISTRICT OFFICE: KOZHIKODE**

No.D V (4)3052/12-13 Kozhikode  
27.03.2017


From  
The District Officer,  
Kerala Public Service Commission  
District Office, Kozhikode.

To  
1. Sr/Smt. ABIN THOMAS ✓

Sr/Madam  
Sub: - Advice for appointment as Lower Division Clerk (SR from DA-back log) on  
₹ 9940-16580 in the State Lottery Department - HQ Vacancy

You are informed that you have been advised for recruitment as Lower Division Clerk (SR from DA-back log) in the above Department against DIFFERENTLY ABLED-LOW-VISION/HEARING IMPAIRMENT/LOCOMOTOR-DISABILITY/CEREBRAL PALSY-Turn. The Selection is subject to the Rules 3(c) and 10(b) of the Kerala State and Subordinate Service Rules 1958.

Further instructions will be issued to you in due course by the above Department.

Yours faithfully,  
  
for District Officer,  
KPSC District Office,  
Kozhikode.

NB--

1. If posting orders are not received from the above Department/Institution within a period of three months from the date of this advice letter, the fact may be intimated to this office.
2. If and when thrown out of appointment on the termination of the vacancy you should apply to this office immediately for re-registration with the original relieving certificate in the proper form obtained from the Department, subject to the provisions contained in Rule 2(b) of the General Rules.

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