

**KRISHNA INSTITUTE OF MEDICAL SCIENCES  
DEEMED UNIVERSITY, KARAD**



Application form for  
PGD – AIET 2014

Application Form No.

**Instructions :**

1. Read all the instructions in the Brochure before completing the form.
2. Write in the boxes with Black Ball Point Pen in Capital Letters only.

1. Name of the candidate, as it appears in B.D.S. degree/passing certificate  
(Leave one box blank after each word)



2. Contact Telephone No.  
STD Code

Telephone No.

3. Date of Birth :   /   /      
DD MM YY

Please mark the appropriate box with mark

4. Gender - Male  Female

5. Nationality - Indian  Foreigner

Left Thumb  
Impression

Attested Recent  
Photograph of the  
Candidate taken  
within  
last six months

6. Internship Training Date of Commencement   /   /      
DD MM YY

Internship Training Date of Completion   /   /      
DD MM YY

7. D.C.I. Registration - Yes  No  Registration No. \_\_\_\_\_

8. State D.C. Registration - Yes  No  Registration No. \_\_\_\_\_

9. Domicile of Maharashtra - Yes  No

10. Whether admitted to and pursuing a post graduate course elsewhere - Yes  No

11. First BDS marks (write within the boxes)

Aggregate Marks out of \_\_\_\_\_

Month & Year of Passing

Percentage of marks obtained

Attempt

12. Second BDS marks

Aggregate Marks out of \_\_\_\_\_

Month & Year of Passing

Percentage of marks obtained

Attempt

13. Third BDS marks

Aggregate Marks out of \_\_\_\_\_

Month & Year of Passing

Percentage of marks obtained

Attempt

14. Fourth BDS marks

Aggregate Marks out of \_\_\_\_\_

Month & Year of Passing

Percentage of marks obtained

Attempt

15. Subject Preferences for P. G. courses

i) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

Subject Marks \_\_\_\_\_

16. Degree or Diploma :

17. Test Centre : Karad

18. Full Name and Complete Postal Address :

Pin Code :

\_\_\_\_\_  
Signature of the Candidate

**Certified Xerox Copies of Marksheets of B.D.S. (I,II,III, IV) are to be attached.**

**Declaration**

I, hereby declare that the information given in this form is true and complete to the best of my knowledge. I am aware that if any information given herein is found to be incorrect or incomplete, my application will be rejected/ admission will be cancelled.

**Signature of the candidate**

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I, the parent/guardian of the applicant, Mr./Miss. \_\_\_\_\_

\_\_\_\_\_ Here by declare that I am aware of the financial obligations of admitting my child/ward to the Post-Graduate programme of Krishna Institute of Medical Sciences Deemed University, Karad. I agree to pay the tuition and other fees payable to the University as fixed from time to time as per the rules. I also affirm and endorse the declaration made above by my child/ward.

Place :

**Signature of Parent/Guardian**

Date:

Father's/Guardian's Name

\_\_\_\_\_  
\_\_\_\_\_

**For Office Use**

1. Marks obtained at PGD - AIET 2014 : \_\_\_\_\_ Out of 100, i.e. \_\_\_\_\_%
2. Rank in the Merit List : \_\_\_\_\_
3. Rank in subject wise merit list : \_\_\_\_\_

**KRISHNA INSTITUTE OF MEDICAL SCIENCES  
DEEMED UNIVERSITY, KARAD.**



**PGD - AIET- 2014  
Entrance Test Admit Card**

Application Form No.

Unattested  
Recent Photograph  
of the Candidate  
taken within  
last six months

Seat No. PGD - AIET/ /2014

Name of the Candidate : \_\_\_\_\_

Address & Telephone No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entrance Test Date : 16/01/2014

Entrance Test Time : 11.00 am to 12.30 pm

Entrance Test Centre:

**Competent Authority**