

KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

Application form for P. B. B. Sc. Nursing (Entrance Test)

1. Name of candidate

First Name (As per 10th Class Certificate)

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Father's/Husband's Name

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Mother's Name

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Surname

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2. Date of Birth

D D M M Y Y Y Y

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3. Nationality Status

1. Indian 2. NRI 3. Foreigner

4. Sex 1. Male 2. Female

5. Domicile 1. Maharashtra 2. Other than Maharashtra

6. STD Code & Telephone Number / Mobile No.

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7. Marks obtained in R.G.N.M.

Marks Out of

Year of Passing R.G.N.M.

Year of Passing R.G.N.M.

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8. DD Number Rs. 500/- (Form Fee + Entrance Fee)

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9. Address:

Do Not Staple or
Pin the
Photograph Paste
it

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

Application for Verification of Marks

Name : _____

Address _____

Telephone Resi. _____ Mob. _____

Roll No. _____ Application .No. _____ Merit No. _____

D.D. No. _____ from Bank _____ dated _____

Of Rs. 500/- in favour of Krishna Institute of Medical Sciences University, payable at Karad.

Date: _____

Signature of Candidate

Place _____
:

ACKNOWLEDGEMENT

Received application for verification of marks ENTRANCE TEST-2014 along with DD of Rs. 500/- from

Mr./Ms. _____

Roll No. _____

Address : _____

RECEIPT – CUM – IDENTITY CARD

Application No. _____



Received application from Mr. /Ms. _____
for Entrance examination along with DD No. _____ of Rs. _____ in favour of
Krishna Institute of Medical Sciences University, payable at Karad drawn on
Bank of _____ Dated _____

Date: _____

Stamp & Signature of Receiving Authority

Student's Address : _____

Affidavit Format :
To be executed on a Rs. 100/- stamp paper
AFFIDAVIT

I, _____

son/daughter of _____

hereby solemnly affirm that the following statements made by me are true to the best of my knowledge and belief.

1) I am a citizen of India.

2) I have studied RGNM in India and have obtained not less than 50% aggregate marks at RGNM Exam.

3) I have studied and understood the Rules governing admission procedure, fee structure etc. and agree to abide by these rules.

4) If admitted to Krishna Institute of Medical Sciences Deemed University, Karad, I will abide by all its Rules and Regulations, especially those regarding discipline, attendance, examinations and payments of fees. I understand that failure to comply with the Rules and Regulations will invite an appropriate disciplinary action from the Institutional Authorities.

5) I will not involve myself in any action of ragging during the course of my education in this University. I understand that involvement in ragging is a cognizable offence and will result in police action which would result in cancellation of my admission to the course.

Name of the Candidate

Signature of the Candidate

I, The Father/Mother/Guardian of _____

An applicant for admission to P.B. B.Sc. Nursing at Krishna Institute of Medical Sciences Deemed University, Karad, hereby solemnly affirm that all the above statements made by my son/daughter/ward are true to the best of my knowledge and behalf. I am aware of the financial obligations of admitting my child/ward to the college. I will be responsible for the payments of his/her fees in time and for his/her conduct.

Name of the Parent/Guardian, _____

Relationship to candidate _____

Address with Phone No. _____

Signature of the Parent/Guardian.

FORMAT FOR CERTIFICATE OF MEDICAL FITNESS
On doctors Letter Head

This is to certify that I have conducted clinical examination of
Mr./Ms. _____ who is desirous of
admission to course in _____.

He/She has not given any personal history of any disease incapacitating him/her to
undergo the professional course. Also, on clinical examination it has been found that
he/she is medically fit to undergo the professional course.

Certified further, that he/she has not shown any evidence of major defects of
posture, locomotion, vision, hearing or any other systemic disorder.

Though, following deviations have been revealed, in my opinion, these are not
impediments to pursue a career in P.B. B. Sc. Nursing.

1.

2.

REGISTERED MEDICAL PRACTITIONER

Seal & Signature

Name

Registration No.

INSTRUCTIONS FOR ANSWER SHEET

1. Use only BLACK ball point pen to darken the appropriate circle.
2. Mark should be dark and should completely fill the circle.
3. Darken only one circle for each entry as the Answer once marked is not liable to be changed.
4. There will be four answer options for each question. The candidate will indicate his/her response to the question by making appropriate circle completely with black ball point pen.
e.g. Question No. 052 Coronary Artery supplies blood to?
(a) Lungs (b) Brain (c) Heart (d) Intestine
Locate the question no. 052 in the answer sheet and then correct answer C
is to be darkened as (A) (B) (C) (D)
5. A lightly or faintly darkened circle may be treated as a wrong method of marking and will be rejected by the scanner.
6. Choice and sequence for attempting questions will be as per the convenience of the candidate.
7. Use of whitener or any other material to erase/hide the circle once filled is not permitted.
8. Avoid overwriting and/or striking of answer once marked.
9. The required mathematical tables, log books etc. will be provided along with the question Booklet which contains the answer column.
10. Immediately after the prescribed examination time is over, question booklets is to be returned to the invigilator.
11. Confirm that both the candidate and invigilator have signed on question booklet with answer Column.
12. No candidate will be allowed to leave or enter the examination hall during the examination hours .