

**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: _____

ACKNOWLEDGMENT

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

Mr./Ms. _____

Roll No. _____

Address : _____

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



Entrance Test Admit Card

Application Form No.

Unattested
Recent Photograph of
the Candidate taken
within
last six months

Seat No. Entrance Exam - 2014

Name of the Candidate : _____

Address & Telephone No. _____

Entrance Test Date : 26/08/2014

Entrance Test Time : 11.00 am to 2.00 pm

Entrance Test Centre : Karad

Competent Authority