

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



**Application form for
PGD – AIET - 2014 - II**

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

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

Attested Recent
Photograph of the
Candidate taken
within
last six months

Left Thumb Impression

11. First BDS marks (write within the boxes)

Aggregate Marks out of _____ Aggregate Marks out of _____

Month & Year of Passing

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Percentage of marks obtained

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Attempt

<input type="text"/>	<input type="text"/>
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12. Second BDS marks

Month & Year of Passing

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Percentage of marks obtained

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Attempt

<input type="text"/>	<input type="text"/>
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13. Third BDS marks

Aggregate Marks out of _____

Month & Year of Passing

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Percentage of marks obtained

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Attempt

<input type="text"/>	<input type="text"/>
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14. Fourth BDS marks

Aggregate Marks out of _____

Month & Year of Passing

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Percentage of marks obtained

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Attempt

<input type="text"/>	<input type="text"/>
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15. Subject Preferences for P. G. courses

Subject Marks _____

i) _____

ii) _____

iii) _____

16. 1. Degree or 2. Diploma :

17. Test Centre : Karad

18. Full Name and Complete Postal Address :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

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 - II: _____ 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 II-
2014
Entrance Test Admit Card**

Application Form No.

Unattested
Recent Photograph
of the Candidate
taken within
last six months

Seat No. PGD - AIET II/ /2014

Name of the Candidate : _____

Address & Telephone No. _____

Entrance Test Date : 17/06/2014

Entrance Test Time : **3.00pm to 4.00 pm**

Entrance Test Centre:

Competent Authority