KRISHNA INSTITUTE OF MEDICAL SCIENCES
DEEMED UNIVERSITY, KARAD.
(Declared U/s 3 of UGC Act, 1956 vide Notification No. F.9-15/2001-U.3 of the Ministry of Human Resource Development, Govt. of India.)
Karad, Dist. Satara (MaharashtraState) Pin : 415 110 . Tel : 02164 –241555-8 , Fax : 02164 243272/242170

APLICATION NO.

APPLICATION FORM FOR (MANAGEMENT SEATS) ADMISSION TO BACHELOR OF PHARMACY 2017-18

❖ **Instructions : -**

- To be filled in "CAPITAL LETTERS". Darken appropriate circles. ● If not filled as prescribed, the form will NOT BE ACCEPTED.
- Do not fill this form if you do not fulfill the Eligibility Criteria.

1. CANDIDATE NAME (AS GIVEN IN CLASS 10TH CERTIFICATE)

2. SEX : MALE ☐ FEMALE ☐ 3. CATEGORY : NONE ☐ SC ☐ NT ☐ OBC ☐

4. DATE OF BIRTH : DD MM YY

Paste your recent (Not more than 3 months old) colour Photograph here

5. PERMANENT ADDRESS FOR COMMUNICATION :

PIN

CANDIDATE'S SIGNATURE

6. E-MAIL (IF ANY) :

7. TELEPHONES : STD CODE TELEPHONE MOBILE

8. ACADEMIC DETAILS :
YEAR OF PASSING : SSC/10TH STD

NAME OF THE BOARD OF QUALIFYING EXAM : (12th/HSC/OR EQUIVALENT)

9. MARKS/GRADE OBTAINED IN THE QUALIFYING EXAMINATION (IF ALREADY PASSED)

	PHYSICS	CHEMISTRY	BIOLOGY	MATHEMATICS	ENGLISH
MAXIMUM MARKS					
MINIMUM PASSING MARKS					
MARKS OBTAINED					

TOTAL MARKS OF PCB : PCB PERCENTAGE OF MARKS :

OR MARKS OF PCM : PCM PERCENTAGE OF MARKS :

OR MARKS OF PCMB : PCMB PERCENTAGE OF MARKS :

10. I WISH TO APPEAR FOR THE FOLLOWING SUBJECTS IN ENTRANCE – (✓ THE APPROPRIATE)

A. PCB : B. PCM C. PCMB

11. PAYMENT DETAILS :

D. D. NO. DATE OF ISSUE (FOR OFFLINE PAYMENT)

NAME OF THE BANK

(All DD should be drawn, in favor of "**Krishna Institute of Medical Sciences University"** payable at Karad.)

12. NAME OF THE SCHOOL/COLLEGE FROM WHERE CANDIDATE HAS PASSED 12TH STD. EXAM ALONG WITH FULL ADDRESS :

13. NAME AND ADDRESS OF PARENT/GUARDIAN :

14. DECLARATION – I

a) I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that if any information herein is found to be incorrect or incomplete, my application form will be rejected / admission will be cancelled.
b) If admitted to this Institution I shall abide by its rules and regulations.
c) I have read and understood all the provisions contained in the brochure and here by agree to abide by these provisions.

SIGNATURE OF CANDIDATE

15. DECLARATION – II

I, the parent / guardian of the applicant hereby declare that I am aware of the financial obligation of admitting my child / ward to K.I.M.S.D.U., Karad. I agree to pay the tuition and other fees payable to the institution as fixed from time to time as per the rules of K.I.M.S.D.U., Karad. I also affirm and endorse the declaration made above by my child / ward

PALCE : **SIGNATURE OF PARENT/GUARDIAN**

DATE :