KRISHNA INSTITUTE OF MEDICAL SCIENCES "DEEMED TO BE UNIVERSITY", KARAD.

Application form for Post Doctoral Fellowship Programme – 2018



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 (Leave one box blank after each word)

2. Mobile No.							
3. Date of Birth :	Attested Recent Photograph of the Candidate taken within last six months						
Please mark the appropriate box with ??mark							
4. Gender - Male Female							
5. Nationality - Indian Foreigner							
	Left Thumb Impression						
9. Domicile of Maharashtra - Yes No							
10. Qualifying Degree :							
11. Marks Obtained in the Qualifying Examination : Out c	of						

12. Subject Preferences for Fellowship Programme

i))																												
ii)																													
13. a.	a. D. D. Amount														b. D. D. No														
b. Name of Bank																													
14. Te	14. Test Centre : Karad																												
15. Fu	15. Full Name and Complete Postal Address :																												
																		Pir	n Co	de :		T							
Signature of the Candidate																													

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