

KRISHNA INSTITUTE OF MEDICAL SCIENCES

"DEEMED TO BE UNIVERSITY", KARAD.

Accredited by NAAC with 'A' Grade (CGPA: 3.20 on 4 Point Scale)
An ISO 9001:2008 Certified University

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 (Maharashtra State) Pin: 415110

Tel: 02164-241555-8 Fax: 02164-243272/24217 Website: www.kimskarad.in

Form No.

E-mail: registrar@kimskarad.in

APPLICATION FORM FOR MARSTER OF SCIENCES IN NURSING M. Sc. (Nursing) Entrance - 2018

 Instructions: Read all the instructions in the Brochure before completing the form. Write in the before with Ball Point Pen in Capital Letters only.
Candidate's Name (As in Degree certificate)
2. Address for communication 3. Candidates Photograph
Do not staple or
pin the
photograph paste
it.
Pin:
Candidates signature
Candidates signature
4. State
T. State
F. B. McI
5. E – Mail
6. Sex 7. Date of Birth 8. Telephone
Male Female D D M M Y Y Y Y
STD Code Telephone Number
9. Details of Demand Draft D. D. No. Amount in Rs. Date of Issue
9. Details of Definance Draft D. D. No. Almount in Rs. Date of issue
10. Name of the Bank
Please mark the appropriate box with ✓ mark
11. Nationality - 1. Indian 2. NRI 3. Foreigner
12. Choice of Preference : Please Write 1, 2, 3 to mark your choice
1. Medical surgical Nursing
2. Obstetric and Gynaecological Nursing
3. Child Health Nursing
4. Psychiatric Nursing
5. Community Health Nursing

4. Year wise Particu	ılars of Marks ob	otained at B. Sc.	Nursing / P. B	. B. Sc. Nursing Ex	xaminations	:
Examination	Board / University	Year of Passing	Attempt	Total Marks Obtained	Out of	Percentage
1 st Year	Offiversity	rassilly		Obtained		
2 nd Year						
3 rd Year						
4 th Year						
5. Whether obtaine	d any other post	graduate quali	fication if Yes	give Details		
Examination	Board /	Year of	Attempt	Total Marks	Out of	Percentage
	University	Passing		Obtained		
6 Whother admitte	d to any other P	C Course in any	y other subject	at any other Insti	tuto2 If Voc.	vivo dotaile
6. Whether admitte	ed to any other P	G Course in any	other subject	at any other Insti	tute? If Yes, g	give details
6. Whether admitte	ed to any other P	G Course in any	other subject	at any other Insti	tute? If Yes, ş	give details
6. Whether admitte	ed to any other P	G Course in any	other subject	at any other Insti	tute? If Yes, ε	give details
6. Whether admitte	ed to any other P	G Course in any	other subject	at any other Insti	tute? If Yes, g	give details
6.Whether admitte	ed to any other P	G Course in any	other subject	at any other Insti	tute? If Yes, g	give details
6. Whether admitte	ed to any other P	G Course in any	other subject	at any other Instit	tute? If Yes, g	give details
7. Declaration – I						
7. Declaration – I a. I hereby declaration aware that, if	are that the abov	re information i	s true and com	at any other Institution	· my knowlec	dge. I am
7. Declaration – I a. I hereby declaration aware that, if be rejected/	are that the above fany information admission will b	re information in herein is foun be cancelled.	s true and com d to be incorre	alete to the best of	my knowled my applicati	dge. I am on form will
7. Declaration – I a. I hereby declaration aware that, if the rejected by the rejected of the	are that the above fany information admission will be to Krishna In To Be University and understood al	re information i n herein is foun ne cancelled. stitute of Nursi ", Karad. I shall	s true and com d to be incorre ng Sciences, Ka abide by its R	alete to the best of ect or incomplete, arad of Krishna In	my knowled my applicati stitute of Me ons.	dge. I am on form will dical sciences

18. Declaration – II
a. I, the parent / guardian of the applicant hereby declare that, I am aware of the financial obligations of admitting my child / ward to Krishna Institute of Nursing sciences, Karad. I agree to pay the tution and other fees payable to the institution as fixed from time to time as per the rules of the rules of Krishna Institute of Medical Sciences "Deemed To Be University", Karad. I also affirm and endorse the declaration made above by my child / ward.
Place :
Date: / /
Father's / Guardian's Name :Signature of the Parent / Guardian
FOR OFFICE USE ONLY Entrance Test Fees Rs. Received in cash, Receipt No.
 Candidates shall be present at the centre 30 minutes before the commencement of the examination. No. candidate without an admit card shall be allowed to sit the test hall by the Centre Superintendent. Candidate must preserve the admit Card till the Process of admission. No candidate shall be allowed to leave the Test Hall before the conclusion of the test and without handing over the answer sheet and test Booklet to the invigilator concerned. The candidate shall not remove any page(s) from the Test Booklet and if any page (s) is / are found

missing from his / her Test Booklet, he / she will be proceeded against and shall be libel for criminal

7. Use of calculator, calculating devices like cellular (mobile) phone / pager, etc. are no allowed in the test hall.

6. Candidate should bring good quality black/ blue ball point pen for the examination.