

KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD

Application Form No.

No

Application form for **PGP - AIET 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, as it appears in B.P.Th. degree/passing certificate (Leave one box blank after each word)			
2. Contact No.			
Attested Recent Photograph of the Candidate taken within last six months			
Please mark the appropriate box with ✓ mark			
4. Gender - Male Female Left Thumb Impression			
5. Nationality - Indian Foreigner			
6. Internship Training Date of Commencement DD MM YY			
Internship Training Date of Completion / / / / / / / / / / / / / / / / / / /			
DD MM YY			
7. I.A.P. Registration - Yes No Registration No			
3. Domicile of Maharashtra - Yes No			

9. Whether admitted to and pursuing a post graduate course elsewhere - Yes

10. First B.P.Th. marks (write within the boxes)	11. Second B.P.Th. marks
Aggregate Marks out of	Aggregate Marks out of
Month & Year of Passing	Month & Year of Passing
Percentage of marks obtained	Percentage of marks obtained
Attempt	Attempt
12. Third B.P.Th. marks	13. Fourth B.P.Th. marks
Aggregate Marks out of	Aggregate Marks out of
Month & Year of Passing	Month & Year of Passing
Percentage of marks obtained	Percentage of marks obtained
Attempt	Attempt
15. Subject Preferences for P. G. courses	Subject Marks
i)	
ii)	
iii)	
16. Degree or Diploma :	
17. Test Centre : Karad	
18. Full Name and Complete Postal Address :	
	Din Code .
	Pin Code :
Signature of the Candidate	

Certified Xerox Copies of Mark sheets of B. P. Th. (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	
E	Here by declare that I am aware of the financial obli-	
gations of admitting my child/ward to the	e 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	e as per the rules. I also affirm and endorse the	
declaration made above by my child/ward.		
Place:	Signature of Parent/Guardian	
n		
Date:		
Father's/Guardian's Name		