

KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

Application form for P. B. B. Sc. Nursing Entrance Test - 2018

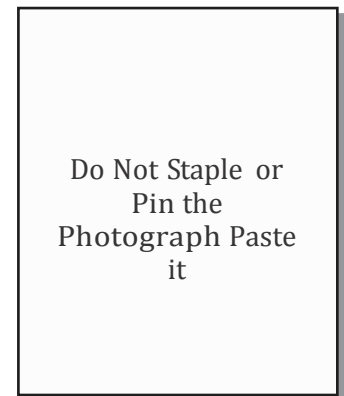
1. Name of candidate

First Name (As per 10th Class Certificate)

Father's/Husband's Name

Mother's Name

Surname



2. Date of Birth

D D M M Y Y Y Y

--	--	--	--	--	--	--	--	--

3. Nationality Status

1. Indian 2. NRI 3. Foreigner

4. Sex 1. Male 2. Female

5. Domicile 1. Maharashtra 2. Other than Maharashtra

6. STD Code & Telephone Number / Mobile No.

7. Marks obtained in R.G.N.M.

Marks Out of

Year of Passing R.G.N.M.

8. DD Number Rs. 500/- (Form Fee + Entrance Fee)

9. Address:

