	INSTITU	TE OF M	EDICAL	SCIENCES	APLICATION NO.
DEEMED	TO BE U	NIVERSIT	Y", KARA	D.	
Reconstruction development		C with 'A' Grade (C O 9001:2008 Certi		Point Scale)	
Declared U/s 3 of UGC ACT, 19 ad, Dist. : Satara (Maharashtra osite : <u>www.kimskarad.in</u>	956 vide Notification	no.F.9-15/2001-U.3 of	the Ministry of Hum	41555-8 Fax: 02164	
	Application	on Form For	Admission		
		. Sc. Nursing			
		2018 - 1	9		
<ul> <li><b>nstructions :</b></li> <li>•To be filled in "CAPITAL LET</li> <li>•Do not fill this form if you do</li> </ul>			he form will NO	T BE ACCEPTED.	
1. Candidate Name (As G	iven In Class 10 <sup>t</sup>	<sup>h</sup> Certificate)			
2. Sex : Male Fe	emale	3. Category : N(	ONE SC		С
4. Date of Birth : DD DD 5. Permanent Address Fo		YY DN :			Paste your recent (Not more than 3 months old) colour Photograph here
6. E-Mail (If Any) :		Pin		[ ] Ca	ndidate's Signature
7. Telephones :					
STL	) Code	Telephor	16	Ν	Iobile
8. Preference ( tick mark t	he Box): E	3. Pharmacy	B. P. Th.	B. Sc. Nur	sing
9. Academic Details : Year Of Passing :	SSC/10 <sup>th</sup> Std				
Name of Board of Qual	ifying Examinat	ion : (12 <sup>th</sup> /HSC/	OR Equivalent)	)	
			(If Almonder Day	aad)	
10. Marks/Grade Obtaine	ed in the Qualify	ing Examination	(II Already Pas	sseuj	
10. Marks/Grade Obtaine	ed in the Qualify Physics	ing Examination Chemistry	Biology	Mathematics	English
10. Marks/Grade Obtaine Maximum Marks					English

**Marks Obtained** 

Total Marks Of PCB :	PCB Percentage Of Marks :				
<b>OR</b> Marks Of PCM :	PCM Percentage Of Marks :				
<b>OR</b> Marks Of PCBM :	PCMB Percentage OF Marks :				
11. I Wish To Appear For T (Applicable only for B. Pl A. PCB :	he Following Subjects In Entrance – ( ✓ the Appropriate) armacy) B. PCM C. PCMB				
12. Payment Details :					
D. D. No.	Date of Issue				
Name Of The Bank					
13. Name Of The School/C	ollege From Where Candidate Has Passed 12 <sup>th</sup> Std. Exam Along With Full Address :				
14. Name And Address Of Parent/Guardian :					

#### 15. 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

#### 16. 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

Place :

## Signature of Parent/Guardian

Date :



# 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 Website : www.kimskarad.in E-mail: registrar@kimskarad.in

## P-KAIET 2018-19 Entrance Test Admit Card

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

Seat No. :

Name of the Candidate :

Address & Telephone No..:

**Entrance Test Date :** 

22/06/2018

Competent Authority, KIMSDU, Karad.