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KRISHNA INSTITUTE OF MEDICAL SCIE		FORM NO.												
UNIVERSITY, KARAD APPLICATION FORM FOR (BPTh an														
APPLICATION FORM FOR B. P NOTE: Please read all the instructions given in brochure		•	on fo											
1. Candidate's Name (As given in class 10th Certific	ate)													
Father's/Mother's/Husband's Name														
2. Date of Birth D D M M Y Y Y Y 3. Nationality State Indian O NRI O F	Candi	date	e's I	Photo										
4. Sex Male 0 Female 0 5. Domicile Maharashtra 0 Other than Mah	oin the	Do not staple or n the photograph, paste it												
6. Category None 0 SC 0 ST 0		Jasi	еп											
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11. Examination Centre: KRISHNA INSTITUTE OF MED	DICAL S	SCIE	ENC	ES,	KAR	RAD .								
12. Details of Demand Draft DD. No. Rs. 500/- Dat	e of I s	sue	:											
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13. Candidate Address:														
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