KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED

| F | Ω | RN | Л | Ν | 10 | 7 | |
|---|----------|----|---|---|----|----------|--|
| | | | | | | | |

| UNIVERSITY, KARAD APPLICATION FORM FOR (BPTh and Nursing) | | | | | | | | | | | | | |
|---|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| APPLICATION FORM FOR B. Sc. Nursing (MANAGEMENT) NOTE: Please read all the instructions given in brochure carefully before filling the application form. | | | | | | | | | | | | | |
| 1. Candidate's Name (As given in class 10th Certificate) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Father's/Mother's/Husband's Name | | | | | | | | | | | | | |
| | Candidate's Photo | | | | | | | | | | | | |
| 2. Date of Birth D D M M Y Y Y Y 3. Nationality Status Indian O NRI O Foreigner O | Candidate's Photo | | | | | | | | | | | | |
| 4. Sex Male 0 Female 0 S. Domicile Maharashtra 0 Other than Maharashtra 0 | Do not staple or pin the photograph, | | | | | | | | | | | | |
| 6. Category None O SC O ST O OBC O | paste it | | | | | | | | | | | | |
| 7. Telephones STD Code Telephone | | | | | | | | | | | | | |
| Mobile | | | | | | | | | | | | | |
| 8. Marks obtained in SSC equivalent: Marks Out of Year of Passing | Candidate's Signature | | | | | | | | | | | | |
| 9. Marks obtained in P.C.B. (HSC/equivalent): Marks Out of Year of Passing 10. Appeared 0 | | | | | | | | | | | | | |
| 11. Examination Centre: KRISHNA INSTITUTE OF MEDICAL SCIENCES | KARAD . | | | | | | | | | | | | |
| 12. Details of Demand Draft DD. No. Rs. 500/- Date of I ssue Name of the Bank | | | | | | | | | | | | | |
| 13. Candidate Address: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 14. Clear I (within the | eft Thumb Print box) | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| 1. Name Std. Exa | | | | | | | | | | | | | | | | | pas | ssec | d / | app | eai | red | for | HS | C / | 12th |
|---------------------------------|-------------------------------|--------------|------------|---------------|--------------|--------------|--------------|--------------|------------|-----------|-------------|------------|------------|-----------------|--------------|-------------|--------------|--------------|-----------|------|-------|-------|-------|------|-------|------|
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | 1 | | | | | | | | | | | | , | | | |
| District | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Name | and | Ad | dre | ss c | of P | are | nt's | G Gu | ıard | diar | า'ร : | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Auui ess | | | | | | | | | | | 1 | | 1 | | | | | 1 | | | 1 | | 1 | | | |
| | | | | | | <u> </u> | | | | | <u></u> |] | | <u></u> | | | <u></u> | | <u></u> | | | | | | | |
| 3. Declar | atio | n - | ı | | | | | | | | | | | | | | | | | | | | | | | |
| b) c) | my a If ac I ha abid | dmit ve r | ted ead | to t | this d un | Ins ider | titu stoc | tion od a | ۱s | hall | abi | de | oy i | ts r | ules | and | d re | egul | atio | | and | d he | ere k | ру а | igre: | e to |
| | | | | | | | | | | | | | | | | | S | ign | atu | re c | of tl | ne (| Can | did | ate | |
| 4. Declar | atio | n - | П | | | | | | | | | | | | | | | | | | | | | | | |
| obligati fees pa I also a | ion d iyabl | of ac | dmit th | tting e ir | g m nstit | y ch utic | nild on a | / was | ard xed | to fro | K.I. m t | M.S ime | .D.l to | ا َ., َا tim | Kara ne a | ad. s pe | l aç er t | gree he i | to ule | pay | the | e tui | tior | n ar | nd o | |
| Place : | | | | | | | | | | | | | | | | | S | ign | atu | re c | of P | are | nt / | ⁄ Gı | uard | dian |
| Date: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father' Guardia | | Nar | ne | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | F | or | Off | ice | Use | e Or | ıly | | | | | | | | | | | | |
| Entr | anc | e Te | est | Fee | Rs | . [| | | | | | | | cei | | d in | Ca | sh, | | | | | | | | |