Арр	lication	Form	No.
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KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

Application form M.Sc. (Medical) Courses Entrance Test - 2016

1.Name of candidate	
First Name (As per 10 th Class Certificate)	
	Attested Photograph
Father's/Husband's Name	
	Do Not Stanla or Din
Mother's Name	Do Not Staple or Pin the Photograph Paste
	it
Surname	
2. Date of Birth	
3. Nationality Status 1. Indian 2. NRI 3. Foreigner	
4. Sex 1. Male 2. Female 5. Domicile 1. Maharashtra 2. Oth	ner than Maharashtra
6. STD Code & Telephone Number / Mobile No.	
7. Marks obtained in Qualifying Exam : Marks	Out of
8. Aggregate % at Qualifying Exam	
9. Principal Subject at B.Sc	
10. Subsidiary Subjects at B.Sc	
11. Admission preferred for	

12.	DD Number	Rs.	1000/-	(Form Fee + Entrance Fee)	
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13. Address : ___

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District									Sta	ate									
2. Name ar	Name and address of parent/Guardian																		
Name																			
Address																			

Note :- Attested Xerox Copy of the Qualifying Exam Mark list must be attached with Application Form.

3.Declaration:

1. 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.

2. If admitted to this Institution I shall abide by its rules and regulations.

3. I have read and understood all the provisions contained in the brochure and hereby agree to abide by these provisions.

Signature of the candidate

I, the parent/guardian of the applicant hereby declare that I am aware of the financial obligations of admitting my child/ward to KIMSDU, 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 KIMDSU, Karad. I also affirm and endorse the declaration made above by mychild/ward.

PLACE :

DATE :

Signature of Parent/Guardian.

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FOR OFFICE USE ONLY

Entrance Test Fee Rs.				Receipt No.				