### KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD

Application form for

**PGP - AIET 2016 II** 



App1	lication	Form	No.

Instructions:	1.1				
1. Read all the instructions in the Brochure before completing the form.  2. Write in the boxes with Black Ball Point Pen in Capital Letters only.					
2. Write in the boxes with black ban Foint Fen in Capital Letters only.					
<ol> <li>Name of the candidate, as it appears in B.P.Th. degree/passing certific (Leave one box blank after each word)</li> </ol>	cate				
2. Contact No.					
3. Date of Birth : DD MM YY	Attested Recent Photograph of the Candidate taken within last six months				
Please mark the appropriate box with ✓ mark					
4. Gender - Male Female	Left Thumb Impression				
5. Nationality - Indian Foreigner					
6. Internship Training Date of Commencement DD MM	YYY				
Internship Training Date of Completion / / /	/				
DD MM	YY				
7. I.A.P. Registration - Yes No Registration No					
8. Domicile of Maharashtra - Yes No					
9. Whether admitted to and pursuing a post graduate course elsewhere - Yes No					

10. First B.P.Th. marks (write within the boxes)	11. Second B.P.Th. marks			
Aggregate Marks out of	Aggregate Marks out of			
Month & Year of Passing	Month & Year of Passing			
Percentage of marks obtained	Percentage of marks obtained			
Attempt	Attempt			
12. Third B.P.Th. marks	13. Fourth B.P.Th. marks			
Aggregate Marks out of	Aggregate Marks out of			
Month & Year of Passing	Month & Year of Passing			
Percentage of marks obtained	Percentage of marks obtained			
Attempt	Attempt			
15. Subject Preferences for P. G. courses	Subject Marks			
i)				
ii)				
iii)				
16. Degree or Diploma :				
17. Test Centre : Karad				
18. Full Name and Complete Postal Address :				
	Pin Code :			
Signature of the Candidate				

Certified Xerox Copies of Mark sheets of B. P. Th. (I,II,III,IV) are to be attached.

#### **Declaration**

I, hereby declare that the information given in this form is true and complete to the best of my knowledge. I am aware that if any information given herein is found to be incorrect or incomplete, my application will be rejected/admission will be cancelled.

#### Signature of the candidate

I, the parent/guardian of the applicant, Mr.	/Miss	
<u>H</u> ere	e by declare that I am aware of the fir	nancial obli-
gations of admitting my child/ward to the Po	ost-Graduate programme of Krishna	Institute of
Medical Sciences Deemed University, Karad. I a	agree to pay the tuition and other fee:	s payable to
the University as fixed from time to time as	s per the rules. I also affirm and e	endorse the
declaration made above by my child/ward.		
Place:	Signature of Parent/Guardia	ın
Date:		
Father's/Guardian's Name		
For Of	fice Use	
4 M l l l l l DCD AIFE 2046	0	0/
1. Marks obtained at PGP - AIET 2016 :		%
2. Rank in the Merit List :		
3. Rank in subject wise merit list:		

# KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

## PGP - AIET- 2016 Entrance Test Admit Card

		Application Form No.
		Unattested Recent Photograph of the Candidate taken within last six months
Seat No. PGP - AIET/	/2016	
Name of the Candidate :_		
Address & Telephone No.		
Entrance Test Date :	30/06/2016	
Entrance Test Time :		
Entrance Test Centre:		