



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

Application form for
PGP - AIET 2018

Application Form No.

Instructions :

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.

1. Name of the candidate, as it appears in B.P.Th. degree/passing certificate
(Leave one box blank after each word)

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

5. Nationality - Indian Foreigner

Left Thumb Impression

6. Internship Training Date of Commencement / /
DD MM YY

- 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

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. _____

_____ Here by declare that I am aware of the financial obligations of admitting my child/ward to the Post-Graduate programme of Krishna Institute of Medical Sciences Deemed University, Karad. I agree to pay the tuition and other fees payable to the University as fixed from time to time as per the rules. I also affirm and endorse the declaration made above by my child/ward.

Place :

Signature of Parent/Guardian

Date:

Father's/Guardian's Name
