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## KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD

(Declared as Deemed-to-be-University u/s 3 of UGC Act, 1956)

### APPLICATION FOR DEGREE CERTIFICATE

To,  
The Registrar,  
Krishna Institute of Medical Sciences Deemed University, Karad.

I hereby apply for Degree Certificate of the University at the ensuing Convocation,  
to be held in the month of Feb. 2014.

Paste Your Recent  
Color Photograph as  
per the instructions in  
the brochure with  
Signature of the  
Candidate

Candidate's Name :					
Father's/Mother Name :					
Date of Birth :		Gender :	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Address :					
City :		Pin :			
State :					
Mobile Number :		Tele. No. :			
Email :					
Course :					
Name of Constituent College :					
Demand Draft Details :	Bank :				
D.D. No :		D.D. Amount :		D.D. Date :	
Convocation Attendance Status :	<input type="checkbox"/> In Presence	<input type="checkbox"/> In Absence			

#### Declaration by the Candidate :

I have carefully read and noted the Instructions before filling in this form. I declare that the information given above is true and correct to the best of my knowledge and belief. I undertake that I shall be responsible for any omission/errors and wrong/incomplete entries made by me in this form.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Candidate

#### INSTRUCTIONS TO THE CANDIDATES :

Any complaint regarding non receipt of the Degree certificate or correction in name, class, subject, year of passing etc will be entertained within a period of three months from the date of concerned convocation. No complaints will be entertained after the specified period.

#### Mandatory Enclosures :

- Attested Xerox copy of Passing Certificate (all undergraduate & postgraduate students).
- Attested Xerox copy of Internship Completion Certificate (For MBBS, BDS & BPTd Students).