

INSTRUCTION TO THE CANDIDATES

- i) Application form for MBBS, BDS, BPTH, B.Sc. Nursing, P.B. B.Sc. Nursing, M.Sc. Microbiology, M. Sc. Biotechnology & Ph.D. should be submitted along with Degree certificate fee, Demand Draft of ₹ 1500 for conferment in person and ₹ 1,600 in absentia.
- ii) Application form for PG Degree and Diploma (MS/MD and D.Ortho, D.G.O., D.C.H., D.M.R.D., D.A.), MDS, MPTh, M.Sc. Nursing, M.Sc. Medical Anatomy, M.Sc. Medical Microbiology should be submitted without any Degree certificate fee but should submit demand draft of ₹ 100 in case of absentia.
- iii) 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 –

- i) Attested Xerox copy of Passing Certificate.(UG/PG)
- ii) Attested Xerox copy of Internship Completion Certificate. (For MBBS & BPTH)



KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

Karad, Dist- Satara, (Maharashtra State) – 415 110. Phone 02164 – 241555 to 241558, Fax 242170 / 241410

Website : www.kimsuniversity.in Email : contact@kimsuniversity.in

Application for Degree Certificate

To be filled and submitted by the successful candidate
(Before filling this form, please read the instructions given above.)

Fill up the form in CAPITAL letters only.

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

Sir,
I hereby apply for Degree Certificate of the University of _____ course at the ensuing convocation, to be held in the month of March 2016.

PERSONAL DETAILS :-

1. Applicant's Full Name in English as per Passing Certificate

2. Sex : Male Female Phone No. : _____ Mobile No. _____

3. Address for Correspondence :

4. Name of Constituent College : _____

5. College Code : _____ Month & Year of Passing Final Year : _____

6. Convocation Attendance Status (P – In Person, A – In Absentia)

DECLARATION BY THE CANDIDATE :

I have carefully read & 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 Candidate