

## KRISHNA INSTITUTE OF MEDICAL SCIENCES "DEEMED TO BE UNIVERSITY", KARAD.

## Application form M.Sc. (Medical) Courses Entrance Test - 2018

1.Name of candidate	
First Name (As per 10 <sup>th</sup> Class Certificate)	
	Attested Photograph
Father's/Husband's Name	
Mother's Name	Do Not Staple or Pin the Photograph Paste
	it
Surname	
2. Date of Birth	
D D <u>M M</u> Y Y Y Y	
Nationality Status     I. 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 Numl	oer I	Rs. 1	000	/- (F	orm	Fee	+ Er	ntrar	nce	Fee)												
13. Address																						
1 Name of t	<b>h</b> a C	مالما	~ ~ £.		ا امار د	مالت جاء		المصا	ململم	مما		اممما	/ o.o. o.		املم		! 41	. !	£ II	م ما ما ،		/Dlaga
1.Name of t District, Sta		one	ge 11	rom	wni	cn tr	ie ca	inaid	aate	nas	s pas	sea/	app	eare	ea ai	ong	WITI	1 ITS	Tull	addi	ess	(Place,
																				]		
District									St	ate												
2. Name and address of parent/Guardian																						
Name																						
Address																					<u> </u>	
<u>Note</u>	:- At	tteste	ed Xe	rox C	ору (	of the	e Qua	<u>alifyii</u>	ng Ex	<u>ram l</u>	<u>Vlark</u>	list n	nust	be at	tach	ed w	ith A	pplic	ation	Forr	<u>n.</u>	
<ol> <li>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.</li> <li>If admitted to this Institution I shall abide by its rules and regulations.</li> </ol>																						
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 obligations payable to a and endorse PLACE:	of a the i	idmi insti	ttino tutio	g my on as	chi s fixe	ld/w ed fr	ard om	to k time	(IMS	SDU, time	, Kar e as	ad. per	I ag	ree	to p	ay t	he t	uitio	on a	nd c	othe	
													Sian	otur	o of	Dor	ont/	Cua	cdior			
DATE :												•	sign	atur	e oi	Pare	3111/	Guai	uiai	l.		
Father's/ Gu	uard	ian's	s Na	me																		
FOR OFFICE USE ONLY																						

Receipt No.

Entrance Test Fee Rs.