Form	No.	

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

Application form for P. B. B. Sc. Nursing Entrance Test - 2018

1. Name of candidate	
First Name (As per 10 <sup>th</sup> Class Certificate)	
Father's/Husband's Name	
	Staple or 1 the
	aph Paste
Surname	it
2. Date of Birth	
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3. Nationality Status 1. Indian 2. NRI 3. Foreigner	
4. Sex 1. Male 2.Female 5. Domicile 1. Maharashtra 2. Other t	han Maharashtra
6. STD Code & Telephone Number / Mobile No.	
7. Marks obtained in R.G.N.M. Marks Out of	
Year of Passing R.G.N.M.	
8. DD Number Rs. 500/- (Form Fee + Entrance Fee)	
9. Address:	

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2. Name and address of parent/Guardian																												
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<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> <li>I have read and understood all the provisions contained in the brochure and hereby agree to abide by these provisions.</li> </ol>																												
					Signature of the candidate.																							
I, the parent/guardian of the applicant hereby declare that I am aware of the financial obligations of admitting my child/ward to KIMSDU, Karad. I agree to pay the tuition and other fees payable to the institution as fixed from time to time as per the rules of KIMSDU Karad. I also affirm and endorse the declaration made above by my child/ward.																												
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