

KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

(Declared U/s 3 of UGC Act, 1956 vide Notification No. F.9-15/2001-U.3 of the Ministry of Human Resource Development, Govt. of India.) Karad, Dist. Satara (MaharashtraState) Pin: 415 110. Tel: 02164 –241555-8, Fax: 02164 243272/242170

APLICATION NO.

APPLICATION FORM FOR ADMISSION TO BACHELOR OF PHARMACY 2017-18

Instructions : -

- To be filled in "CAPITAL LETTERS". Darken appropriate circles. If not filled as prescribed, the form will NOT BE ACCEPTED.
- Do not fill this form if you do not fulfill the Eligibility Criteria.

1.	CANDIDATE NAME (AS GIVEN IN CLASS 10 TH CERTIFICATE)
2.	SEX : MALE FEMALE 3. CATEGORY : NONE SC NT OBC
4.	DATE OF BIRTH : DD MM YY Paste your recent (Not more than
5.	PERMANENT ADDRESS FOR COMMUNICATION : 3 months old)
	PIN
6	E-MAIL (IF ANY) :
0.	
7.	TELEPHONES :
	STD CODE TELEPHONE MOBILE
8.	ACADEMIC DETAILS : YEAR OF PASSING : SSC/10 TH STD
	NAME OF THE BOARD OF QUALIFYING EXAM : (12th/HSC/OR EQUIVALENT)
9.	MARKS/GRADE OBTAINED IN THE QUALIFYING EXAMINATION (IF ALREADY PASSED)

	PHYSICS	CHEMISTRY	BIOLOGY	MATHEMATICS	ENGLISH
MAXIMUM MARKS					
MINIMUM PASSING MARKS					
MARKS OBTAINED					

TOTAL MARKS OF PCB :		PCB PERCENTAGE OF MARKS :						
OR MARKS OF PCM :		PCM PERCENTAGE OF MARKS :						
OR MARKS OF PCMB :		PCMB PERCENTAGE OF MARKS :						
10. I WISH TO APPEAR FOR THE FOLLOWING SUBJECTS IN ENTRANCE – (✓ THE APPROPRIATE)								
A. PCB :	B. PCM	C. PCMB						
11. PAYMENT DETAILS :								
D. D. NO.	DATE	E OF ISSUE (FOR OFFLINE PAYMENT)						
NAME OF THE BANK								
(All DD should be drawr	ı, in favor of " Krishna Ins i	titute of Medical Sciences University" payable at Karad.)						
12. NAME OF THE SCHOOL/	COLLEGE FROM WHERE (CANDIDATE HAS PASSED 12 TH STD. EXAM ALONG WITH FULL						
ADDRESS :								
13. NAME AND ADDRESS O	F PARENT/GUARDIAN :							
 14. DECLARATION – I a) 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. b) If admitted to this Institution I shall abide by its rules and regulations. c) I have read and understood all the provisions contained in the brochure and here by agree to abide by these provisions. 								
		SIGNATURE OF CANDIDATE						
child / ward to K.I.M.	S.D.U., Karad. I agree to pay	declare that I am aware of the financial obligation of admitting my the tuition and other fees payable to the institution as fixed from Carad. I also affirm and endorse the declaration made above by my						
PALCE :		SIGNATURE OF PARENT/GUARDIAN						

DATE :



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P-KAIET 2017-18 ENTRANCE TEST ADMIT CARD

APLICATION NO.	APLICA	TION	NO.
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Paste your recent (Not more than 3 months old) colour Photograph here

Seat No. P-KAIET 2017-18 : _____

Name of the Candidate : _____

Address & Telephone No. :

Entrance Test Date : 06/06/2017

Entrance Test Time : 10.00 am to 1.00 pm (PCB) & 2.00 pm to 3.30 (Maths)

Entrance Test Centre : KIMS, Karad.

Competent Authority, KIMSDU, Karad.