

KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.**Application form for BDS****NOTE: PLEASE READ ALL THE INSTRUCTIONS GIVEN IN BROCHURE CAREFULLY BEFORE FILLING THE APPLICATION FORM**

1. Name of candidate

First Name (As per 10th Class Certificate)

Father's/Husband's Name

Mother's Name

Surname

2. Date of Birth

D D M M Y Y Y Y

3. Nationality Status

1. Indian 2. NRI 3. Foreigner

4. Sex

1. Male 2. Female

5. Domicile 1. Maharashtra 2. Other than Maharashtra 6. SC ST OBC None

7. STD Code & Telephone Number / Mobile No.

8. Marks obtained in SSC equivalent:

Marks Out of

Year of Passing S.S.C./ equivalent:

Year of Passing H.S.C./10+2 /12 Std.

9. Marks obtained in P.C.B.(H.S.C / equivalent:)

Out of

10. DD Number Rs. 1500/-

11. Form Received From: 1. KIMS, Karad 2. By post.

3. Downloaded

12. Candidate

Address:

Attested Photograph

(Do Not Staple or
Pin the Photograph
Paste it)

Signature of Candidate (within the box)

Clear Thumb Print (within the box)

Application for Verification of Marks

Name : _____

Address _____

Telephone Resi. _____ Mob. _____

KAIET-2011 Roll No. _____ Application .No. _____ Merit No. _____

D.D. No. _____ from Bank _____ dated _____

Of Rs. 1000/- in favour of **Krishna Institute of Medical Sciences University**, payable at Karad.

Date: _____

Signature of Candidate

Place: _____

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ACKNOWLEDGMENT

Received application for verification of marks of KAIET-2011 along with DD of Rs. 1000/- from

Mr./Ms. _____

KAIET-2011 Roll No. _____

Address : _____

RECEIPT-CUM-IDENTITY CARD

Attested Photo
from same
Negative

Application No. _____

Received application from Mr/Ms. _____

for examination of KAIET 2011 along with DD No. _____ of Rs. 1500/- in favour of
Krishna Institute of Medical Sciences University, payable at Karad drawn on

Bank of _____ Dated _____

Date: _____

Stamp & Signature of Receiving Authority

Address : _____

Affidavit Format :
to be executed on a Rs. 100/- Stamp paper

AFFIDAVIT

I, _____

son/daughter of _____

hereby solemnly affirm that the following statements made by me are true to the best of my knowledge and belief.

- 1) I am a citizen of India.
- 2) I have completed 17 years of age/will be completing 17 years of age on/before 31st Dec. 2011. I have studied in class 11 and 12 in India and have passed a qualifying examination in the subjects of Physics, Chemistry, and Biology individually and have obtained 50% marks together in these subjects and I have also passed in the subject of English. I have passed all the four subjects in one and the same attempt.
- 3) I have studied and understood the Rules governing admission procedure, fee structure etc. and agree to abide by these rules.
- 4) If admitted to Krishna Institute of Medical Sciences Deemed University, Karad, I will abide by all its Rules and Regulations, especially those regarding discipline, attendance, examinations and payments of fees. I understand that failure to comply with the Rules and Regulations will invite an appropriate disciplinary action from the Institutional Authorities.
- 5) I will not involve my self in any action of ragging during the course of my education in this University. I understand that Involvement in ragging is a cognizable offence and will result in police action which would result in cancellation of my admission to the course.

Name of the candidate

Signature of the Candidate

I, _____

the father/mother/guardian of _____

An applicant for admission to BDS at Krishna Institute of Medical Sciences Deemed University, Karad, hereby solemnly affirm that all the above statements made by my son/daughter/ward are true to the best of my knowledge and behalf. I am aware of the financial obligations of admitting my child/ward to the college. I will be responsible for the payments of his/her fees in time and for his/her conduct.

Name of the Parent/guardian. _____

Relationship to candidate _____

Address with Phone No. _____

Signature of the Parent/guardian.

FORMAT FOR CERTIFICATE OF MEDICAL FITNESS

On Doctor's Letter Head

This is to certify that I have conducted clinical examination of
Mr./Ms. _____ who is desirous of
admission to course in Health Science.

He/She has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified further, that he/she has not shown any evidence of major defects of posture, locomotion, vision, hearing or any other systemic disorder.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career in Medical/Dental/Ayurved/Homeopathy.

1.

2.

3.

REGISTERED MEDICAL PRACTITIONER

Seal & Signature _____

Name _____

Registration No. _____

INSTRUCTIONS FOR ANSWER SHEET

1. Use only BLACK ball point pen to darken the appropriate circle.
2. Mark should be dark and should completely fill the circle.
3. Darken only one circle for each entry as the Answer once marked is not liable to be changed.
4. There will be four answer options for each question. The candidate will indicate his/her response to the question by making appropriate circle completely with black ball point pen.
e.g. Question No. 152 Coronary Artery supplies blood to?
(a) Lungs (b) Brain (c) Heart (d) Intestine
Locate the question no. 152 in the answer sheet and then correct answer © is to be darkened as 152 (A) (B) ● (D)
5. A lightly or faintly darkened circle may be treated as a wrong method of marking and will be rejected by the scanner.
6. Make the marks only in the space provided.
7. Please do not fold the answer sheet and do not make any stray marks on it.
8. The question papers and Optical Magnetic Reader sheets are issued separately at the time of the examination.
9. Choice and sequence for attempting questions will be as per the convenience of the candidate.
10. Use of whitener or any other material to erase/hide the circle once filled is not permitted.
11. Avoid overwriting and/or striking of answer once marked.
12. The required mathematical tables, log books etc. will be provided along with the question booklet.
13. Immediately after the prescribed examination time is over, the answer sheets and the question booklet is to be returned to the invigilator.
14. Confirm that both the candidate and invigilator we signed on question booklet and answer sheet.
15. No candidate will be allowed to leave or enter the examination hall during the examination hours .