



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 (Maharashtra State) Pin: 415 110 Tel : 02164 -241555-8 Fax : 02164 243272/242170
Website : www.kimsuniversity.in E-mail : contact@kimsuniversity.in

Form No.

APPLICATION FORM FOR P. B. B. Sc. (Nursing) Entrance - 2017

Instructions :

1. Read all the instructions in the Brochure before completing the form.
2. Write in the before with Ball Point Pen in Capital Letters only.

1. Candidate's Name (As in Degree certificate)

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2. Address for communication

Pin:

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3. Candidates Photograph

Do not staple or
pin the
photograph paste
it.

Candidates signature

4. State

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5. E - Mail

6. Sex

Male Female

7. Date of Birth

D	D	M	M	Y	Y	Y	Y

8. Telephone

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STD Code Telephone Number

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Mobile Number

9. Details of Demand Draft

D. D. No.

Amount in Rs.

Date of Issue

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D D M M Y Y Y Y

10. Name of the Bank

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11. Choice of Preference : Please Write 1, 2, 3 to mark your choice

1. Medical surgical Nursing
2. Obstetric and Gynaecological Nursing
3. Child Health Nursing
4. Psychiatric Nursing
5. Health Nursing

12. Name of the College & University where you have Passed B. Sc. / P. B. B. Sc. Nsg.

13. Year wise Particulars of Marks obtained at B. Sc. Nursing / P. B. B. Sc. Nursing Examinations :

Examination	Board / University	Year of Passing	Attempt	Total Marks Obtained	Out of	Percentage
1 st Year						
2 nd Year						
3 rd Year						
4 th Year						

14. Whether obtained any other post graduate qualification if Yes give Details

Examination	Board / University	Year of Passing	Attempt	Total Marks Obtained	Out of	Percentage

15. Whether admitted to any other PG Course in any other subject at any other Institute? If Yes, give details

16. Declaration – I

- 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.
- If admitted to Krishna Institute of Nursing Sciences, Karad of Krishna Institute of Medical sciences Deemed University, Karad. I shall abide by its Rules and Regulations.
- I have read and understood all the provision contained in the broacher and hereby agree to abide by these provisions.

Signature of the Candidate

17. Declaration – II

- a. I, the parent / guardian of the applicant hereby declare that, I am aware of the financial obligations of admitting my child / ward to Krishna Institute of Nursing sciences, 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 the rules of **Krishna Institute of Medical Sciences Deemed University, Karad**. I also affirm and endorse the declaration made above by my child / ward.

Place : _____

Date : / /

Father's / Guardian's Name : _____

Signature of the Parent / Guardian

FOR OFFICE USE ONLY

Entrance Test Fees Rs.

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Received in cash, Receipt No.

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INSTRUCTIONS FOR CANDIDATES

1. Candidates shall be present at the centre 30 minutes before the commencement of the examination.
2. No. candidate without an admit card shall be allowed to sit the test hall by the Centre Superintendent.
3. Candidate must preserve the admit Card till the Process of admission.
4. No candidate shall be allowed to leave the Test Hall before the conclusion of the test and without handing over the answer sheet and test Booklet to the invigilator concerned.
5. The candidate shall not remove any page(s) from the Test Booklet and if any page (s) is / are found missing from his / her Test Booklet, he / she will be proceeded against and shall be libel for criminal action.
6. Candidate should bring good quality black/ blue ball point pen for the examination.
7. Use of calculator, calculating devices like cellular (mobile) phone / pager, etc. are no allowed in the test hall.