

# KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

**Application form for M.Sc. Biotech / M.Sc. Microbiology  
(Entrance Test - 2011)**

**NOTE: PLEASE READ ALL THE INSTRUCTIONS GIVEN IN BROCHURE  
CAREFULLY BEFORE FILLING THE APPLICATION FORM.**

1. Name of candidate

First Name (As per 10<sup>th</sup> Class Certificate)

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Father's/Husband's Name

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Mother's Name

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Surname

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2. Date of Birth

D D M M Y Y Y Y

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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 than Maharashtra

6. STD Code &amp; Telephone Number / Mobile No.

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7. Marks obtained in B.Sc. equivalent:

Marks

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Out of

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Year of Passing B.Sc./ equivalent:

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

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9. Admission preferred for  M.Sc. Biotech  M.Sc. Microbiology

10. DD Number Rs. 500/- (Form Fee)

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11. DD Number of Rs.800/- (Entrance Fee)

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12. Address:


Attested Photograph

Do Not Staple or  
Pin the Photograph  
Paste it



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

**Application for Verification of Marks**

Name : \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Resi. \_\_\_\_\_ Mob. \_\_\_\_\_

Roll No. \_\_\_\_\_ Application .No. \_\_\_\_\_ Merit No. \_\_\_\_\_

D.D. No. \_\_\_\_\_ from Bank \_\_\_\_\_ dated \_\_\_\_\_

Of Rs. 500/- 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 ENTRANCE TEST-2011 along with DD of Rs. 500/- from

Mr./Ms. \_\_\_\_\_

Roll No. \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# RECEIPT-CUM-IDENTITY CARD

Application No. \_\_\_\_\_

Attested Photo  
from same  
Negative

Received application from Mr/Ms. \_\_\_\_\_

for Entrance examination along with DD No. \_\_\_\_\_ of Rs. \_\_\_\_\_ in favour of  
Krishna Institute of Medical Sciences University, payable at Karad drawn on

Bank of \_\_\_\_\_ Dated \_\_\_\_\_

Date: \_\_\_\_\_

Stamp & Signature of Receiving Authority

Student's 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 studied B.Sc. in India and have obtained not less than 50% aggregate marks at B. Sc. Exam.
- 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 myself 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 M.Sc. 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 \_\_\_\_\_.

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 M.Sc.

1.

2.

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. 052 Coronary Artery supplies blood to?  
(a) Lungs (b) Brain (c) Heart (d) Intestine  
Locate the question no. 052 in the answer sheet and then correct answer © is to be darkened as 052    (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. Choice and sequence for attempting questions will be as per the convenience of the candidate.
7. Use of whitener or any other material to erase/hide the circle once filled is not permitted.
8. Avoid overwriting and/or striking of answer once marked.
9. The required mathematical tables, log books etc. will be provided along with the question Booklet which contains the answer column.
10. Immediately after the prescribed examination time is over, question booklets is to be returned to the invigilator.
11. Confirm that both the candidate and invigilator have signed on question booklet with answer Column.
12. No candidate will be allowed to leave or enter the examination hall during the examination hours.