

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



Application form for  
All India Entrance Test for Admission the form.  
Post-Graduate Course : 2012

Application Form No.

**Instructions :**

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

1. Name of the candidate, as it appears in M.B.B.S. degree/passing certificate  
(Leave one box blank after each word)



2. Contact Telephone No.  
STD Code

Telephone No.

3. Date of Birth :   /   /      
DD MM YY

Please mark the appropriate box with  mark

4. Gender - Male  Female

5. Nationality - Indian  Foreigner

Left Thumb  
Impression

Attested  
Recent Photograph  
of the Candidate  
taken within  
last six months

6. Internship Training Date of Commencement   /   /      
DD MM YY

Internship Training Date of Completion   /   /      
DD MM YY

7. M.C.I. Registration - Yes  No  Registration No. \_\_\_\_\_

8. State M.C. Registration - Yes  No  Registration No. \_\_\_\_\_

9. Domicile of Maharashtra - Yes  No

10. Whether admitted to and pursuing a post graduate course elsewhere - Yes  No



## Declaration

I, hereby declare that the information given in this form is true and complete to the best of my knowledge. I am aware that if any information given herein is found to be incorrect or incomplete, my application will be rejected/ admission will be cancelled.

### Signature of the candidate

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I, the parent/guardian of the applicant, Mr./Miss. \_\_\_\_\_  
\_\_\_\_\_ hereby declare that I am aware of the financial obligations of admitting my child/ward to the Post-Graduate programme of Krishna Institute of Medical Sciences Deemed University, Karad. I agree to pay the tuition and other fees payable to the University as fixed from time to time as per the rules. I also affirm and endorse the declaration made above by my child/ward.

Place :

**Signature of Parent/Guardian**

Date:

Father's/Guardian's Name

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### For Office Use

1. Marks obtained at PG-AIET 2012 : \_\_\_\_\_ Out of 300, i.e. \_\_\_\_\_ %
2. Rank in the Merit List : \_\_\_\_\_
3. Rank in subject wise merit list : \_\_\_\_\_

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



**PG-AIET-2012  
Entrance Test Admit Card**

Application Form No.

Unattested  
Recent Photograph  
of the Candidate  
taken within  
last six months

Seat No. PG-AIET/ /2012

Name of the Candidate : \_\_\_\_\_

Address & Telephone No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entrance Test Date : 19/01/2012

Entrance Test Time : 11.00 am to 2.00 pm

Entrance Test Centre: Karad

**Competent Authority**

Certified Xerox copies of the following certificates are attached :

- (i) Marksheets of MBBS examination
- (ii ) Certificate of Domicile
- (iii) Proof of Date of Birth – Birth Certificate/  
S.S.C. Certificate/School Leaving Certificate
- (iv) Migration Certificate
- (v) Passport & Valid Visa
- (vi) Registration No.
  - a) Medical Council of India (MCI) \_\_\_\_\_
  - b) State Medical Council : \_\_\_\_\_

Signature of Candidate

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

**Application for Verification of Marks**

Application Form No.

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

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

\_\_\_\_\_

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

PG-AIET-2012 Roll No. \_\_\_\_\_ Appl. 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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**ACKNOWLEDGEMENT**

Received application for verification of marks of PG-AIET-2012 along with DD of Rs. 1000/-

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

PG-AIET-2012 Roll No. \_\_\_\_\_

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

Stamp & Signature of Receiving