

10. First B.P.Th marks (write within the boxes)

Aggregate Marks out of _____

Month &

Year of Passing

Percentage of marks obtained



Attempt

11. Second B.P.Th marks

Aggregate Marks out of _____

Month &

Year of Passing

Percentage of marks obtained



Attempt

12. Third B.P.Th marks

Aggregate Marks out of _____

Month &

Year of Passing

Percentage of marks obtained



Attempt

13. Fourth B.P.Th marks

Aggregate Marks out of _____

Month &

Year of Passing

Percentage of marks obtained



Attempt

14. Subject Preferences for P. G. courses

i) _____

ii) _____

iii) _____

Subject Marks _____

15. Degree :

16. Test Centre : Karad

17. Full Name and Complete Postal Address :

Pin Code :

Signature of the Candidate

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

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

For Office Use

1. Marks obtained at PGP-AIET 2011 : _____ Out of 200, i.e. _____ %
2. Rank in the Merit List: _____
3. Rank in subject wise merit list: _____



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

**PGP-AIET-2011
Entrance Test Admit Card**

Application Form No.

Unattested
Recent Photograph
of the Candidate
taken within
last six months

Seat No. PGP-AIET/ /2011

Name of the Candidate : _____

Address & Telephone No. _____

Entrance Test Date : 27/01/2011

Entrance Test Time : 11.00 am to 1.30 pm

Entrance Test Centre:

Competent Authority



KRISHNA INSTITUTE OF MEDICAL SCIENCES, DEEMED UNIVERSITY, KARAD.

Application form for
Admission to Management Seat

Application Form No.

In Post-Graduate Physiotherapy Course – 2011

Recent
Photographs of
the Candidate
taken within last
six months

1. Full Name (in BLOCK letters as it appears in Higher Secondary Certificate) :

2. Permanent Address : _____

_____ Pin _____

3. Address for Contact : _____

_____ Pin _____

4. STD Code () Telephone No. _____ Mobile No. _____

Fax No. _____ E-mail _____

5. Nationality : India Foreigner

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

Internship Training Date of Completing / /
DD MM YY

7. Passport No. _____ Date of Validity From : _____ To _____

8. Visa No. _____

9. Date of Birth : (DD / MM / YY) _____

10. Gender : Male Female

11. Test Centre :

12. Performance at the Qualifying Examination :

Class	Name of the College	Name of the University	Year of Passing	Total Marks Obtained	Out of	%	Grade / Class
I B.P.Th							
II B.P.Th							
III B.P.Th							
IV B.P.Th							

13. I want admission to P.G. degree programme in the following subject :

Certified Xerox copies of the following certificates are attached :

- (i) Marksheets of B.P.Th 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) Indian Association of Physiotherapy (IAP) _____

Signature of Candidate

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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_____ 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

For Office Use

1. Marks obtained at PGP-AIET 2011 : _____ Out of 200, i.e. _____ %
2. Rank in the Merit List: _____
3. Rank in subject wise merit list: _____



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

Application for Verification of Marks

Application Form No.

Name : _____

Address : _____

Telephone Resi. : _____ Mob. : _____

PGP-AIET-2011 Roll No. _____ Appl. 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 :

ACKNOWLEDGEMENT

Received application for verification of marks of PGP-AIET-2011 along with DD of Rs. 500/-

From Mr./Ms. : _____

PGP-AIET-2011 Roll No. : _____

Date : _____

Stamp & Signature of Receiving