

12. DD Number Rs. 1000/- (Form Fee + Entrance Fee)

13. Address : _____

1.Name of the College from which the candidate has passed/appeared along with its full address (Place, District, State)

District State

2. Name and address of parent/Guardian

Name

Address

Note :- Attested Xerox Copy of the Qualifying Exam Mark list must be attached with Application Form.

3.Declaration:

1. 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.
2. If admitted to this Institution I shall abide by its rules and regulations.
3. I have read and understood all the provisions contained in the brochure and hereby agree to abide by these provisions.

Signature of the candidate

I, the parent/guardian of the applicant hereby declare that I am aware of the financial obligations of admitting my child/ward to KIMSDU, 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 KIMDSU, Karad. I also affirm and endorse the declaration made above by my child/ward.

PLACE :

DATE :

Signature of Parent/Guardian.

Father's/ Guardian's Name

FOR OFFICE USE ONLY

Entrance Test Fee Rs.

Receipt No.