

APPLICATION FORM FOR B. P .Th. (MANAGEMENT)

NOTE :Please read all the instructions given in brochure carefully before filling the application form.

1. Candidate's Name (As given in class 10th Certificate)

Father's/Mother's/Husband's Name

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2. Date of Birth

D	D	M	M	Y	Y	Y	Y

3. Nationality Status

Indian NRI Foreigner

Candidate's Photo

Do not staple or pin the photograph, paste it

4. Sex

Male Female

5. Domicile

Maharashtra Other than Maharashtra

6. Category None SC ST OBC

7. Telephones

STD Code				Telephone			
Mobile							

8. Marks obtained in SSC equivalent:

Marks

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 Out of

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 Year of Passing

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Candidate's Signature

9. Marks obtained in P.C.B. (HSC/equivalent):

Marks

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 Out of

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 Year of Passing

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10. Appeared

11. Examination Centre : KRISHNA INSTITUTE OF MEDICAL SCIENCES, KARAD .

12. Details of Demand Draft

DD. No. Rs. 500/-

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Date of Issue

Name of the Bank _____

13. Candidate Address:

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14. Clear Left Thumb Print
(within the box)

