



# KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

(Declared U/s 3 of UGC Act, 1956 vide Notification No. F.9-15/2001-U.3 of the Ministry of Human Resource Development, Govt. of India.)  
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Affix  
Passport  
Photograph

1. Faculty: .....

2. Subject: .....

3. Research Topic:  
.....

To,  
**The Registrar**  
Krishna Institute of Medical Sciences Deemed University,  
Karad

Tel./Mobile No.: .....

E-mail: .....

Sir / Madam,

I hereby apply for admission to the Ph.D. Degree. I state that I have not been admitted as a student for this or any other Degree in this or any other University. The required details about myself are as follows:

1. Name in full (in Capital Letters): .....  
(Beginning with Surname) (Surname) (Name) (Father/Husband) (Mother's Name)

2. Date of Birth : .....

3. Gender : Male/Female (Strike out whichever is not applicable)

4. Nationality : .....

5. Permanent Address: .....

6. Present (Local) Address: .....

7. I belong to the category mentioned below  
(Please Tick the appropriate box & attach attested caste certificate)

Open Category	SC	ST	DT (A)	NT (B)	NT (C)	NT (D)	SBC	OBC
1	2	3	4	5	6	7	8	9

Continued.....

**8. Present Occupation/Employment .....**  
 (Give Name and Address of the Employer) .....

**9. Particulars of Degrees previously obtained (attach attested copies of statement of marks and Certificates):**

<b>Degree</b>	<b>University</b>	<b>Year of Passing</b>	<b>Subjects Offered</b>	<b>Class Grade</b>	<b>Percentage Grade Points</b>
Bachelor's Degree					
Master's Degree					
Any Other Degree Diploma					

**10. Particulars of Publications:**

<b>SN</b>	<b>Title of the Paper / Book</b>	<b>Name of the Journal / Publisher</b>	<b>Place and Year of Publication</b>
1.			
2.			
3.			
4.			
5.			

**11. Details of Teaching Experience:**

<b>SN</b>	<b>Name of the College</b>	<b>Subject(s) Taught</b>	<b>Year(s)</b>
1.			
2.			
3.			
4.			
5.			
6.			

12. **Details of professional experience, if any (Attach necessary Certificates):**

(i) Nature of Professional Experience: .....

(ii) The Institute where Professional experience was gained: .....

(iii) Period of Professional experience:.....

**Brief Synopsis of the research work to be attached.**

**Name and Signature of applicant**