Form	No.
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KRISHNA INSTITUTE OF MEDICAL SCIENCES "DEEMED TO BE UNIVERSITY", KARAD.

Application form for M.Sc. Biotechnology / M.Sc. Microbiology Entrance Test - 2018

1.Name of can	didate	
First Name (As	s per 10 th Class Certificate)	
		Attested Photograph
Father's/Husba	and's Name	
Mother's Name		Do Not Staple or
		Pin the Photograph Paste it
Surname		
2. Date of Birtl		
	, И ҮҮҮҮ	
3. Nationality	Status	
1. Indian	2. NRI 3. Foreigner	
4. Sex 1.	. Male 2. Female 5. Domicile 1. Maharashtra 2. C	ther than Maharashtra
6. STD Code 8	a Telephone Number / Mobile No.	
7. Marks obtai	ned in B.Sc. equivalent: Marks Out of	
Year of Pas	sing B.Sc./ equivalent: Year of Passing H.S.C./10-	
8 Anareaste	% at B.Sc 9. Principal Subject at E	3.Sc
o. Aggregate		
10. Subsidiary	v Subjects at B.Sc	
11. Admission	n preferred for M.Sc. Biotech M.Sc. Microb	iology
	er Rs. 800/- (Form Fee + Entrance Fee)	
12. DD Nullibe		
13. Address:		

1.Name of the College from which the candidate has passed/appeared for																						
В	B Sc / Equivalent Exam. along with its full address (Place, District, State)																					
																-						
Dist	rict										St	ate										
2. Name and address of parent/Guardian																						
l	Nam	ne																				
Address																						
7.0	Juic	.33																				
		L																				

Note :- Attested Xerox Copy of the B.Sc. 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 KIMSDU, Karad. I also affirm and endorse the declaration made above by my child/ward.

PLACE :

DATE :

Signature of Parent/Guardian

FOR OFFICE USE ONLY

Entrance Test Fee Rs.						Receipt No.				
	•	•	•		· · · · ·					



KRISHNA INSTITUTE OF MEDICAL SCIENCES "DEEMED TO BE UNIVERSITY", KARAD.

Entrance Test Admit Card

Application Form No.

Unattested Recent Photograph of the Candidate taken within last six months

Seat No. Entrance Exam – 2018 : _____

Name of the Candidate : _____

Address & Telephone No : _____

Entrance Test Date : 05/07/2018

Entrance Test Time : 11.00 am to 2.00 pm

Entrance Test Centre : Karad

Competent Authority