	KRISHNA INSTITUTE OF MEDICAL SCIENCES "DEEMED TO BE UNIVERSITY", KARAD. Accredited by NAAC with 'A' Grade (CGPA: 3.20 on 4 Point Scale) An ISO 9001:2008 Certified University	Form No.					
annulite siteringer	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 Karad, Dist. : Satara (Maharashtra State) Pin : 415110 Website : <u>www.kimskarad.in</u> E-mail: <u>registrar@kimskarad.in</u>						
APPLICATION FORM FOR M. Sc. (Nurse Practitioner in Critical Care) Entrance - 2018							
Instructions :							
2. Write in	the instructions in the Brochure before completing the form. the before with Ball Point Pen in Capital Letters only.						
	ate's Name (As in Degree certificate)						
2. Addres	ss for communication 3. Candidates Pl	notograph					
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4. State							
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6. Sex	7. Date of Birth 8. Telephone						
Male							
	STD Code Telephone						
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9. Details of Demand Draft D. D. No. Amount in Rs. Date of Issue							
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10. Name	of the Bank						
Please	e mark the appropriate box with 🗸 mark						
11. Nation	ality - 1. Indian 2. NRI 3. Foreigner						
12. Choic	e of Preference : Please Write 1, 2, 3 to mark your choice						
	1. Medical surgical Nursing						
	2. Obstetric and Gynaecological Nursing						
	3. Child Health Nursing						
	4. Psychiatric Nursing						
	5. Community Health Nursing						

4. Year wise Particu			0.1	C C		
Examination	Board / University	Year of Passing	Attempt	Total Marks Obtained	Out of	Percenta
1 st Year						
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3 rd Year						
4 th Year						
5. Whether obtaine	d any other post	graduate quali	fication if Yes	give Details		
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	University	Passing		Obtained		
6.Whether admitte	ed to any other P	G Course in any	other subject	at any other Insti	tute? If Yes, g	give details
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	ed to any other P	G Course in any	other subject	at any other Insti	tute? If Yes, g	give details
7. Declaration – I				at any other Insti		-
7. Declaration – I a. I hereby decla aware that, ii	are that the abov	re information i n herein is foun	s true and com		- my knowled	lge. I am

Signature of the Candidate

18. Declaration – II
a. I, the parent / guardian of the applicant hereby declare that, I am aware of the financial obligations of admitting my child / ward to Krishna Institute of Nursing sciences, Karad. I agree to pay the tution and other fees payable to the institution as fixed from time to time as per the rules of the rules of Krishna Institute of Medical Sciences "Deemed To Be University", Karad . I also affirm and endorse the declaration made above by my child / ward.
Place :
Date : / /
Father's / Guardian's Name :
FOR OFFICE USE ONLY
Entrance Test Fees Rs.
 Candidates shall be present at the centre 30 minutes before the commencement of the examination. No. candidate without an admit card shall be allowed to sit the test hall by the Centre Superintendent. Candidate must preserve the admit Card till the Process of admission. No candidate shall be allowed to leave the Test Hall before the conclusion of the test and without handing over the answer sheet and test Booklet to the invigilator concerned. The candidate shall not remove any page(s) from the Test Booklet and if any page (s) is / are found missing from his / her Test Booklet, he / she will be proceeded against and shall be libel for criminal action. Candidate should bring good quality black/ blue ball point pen for the examination. Use of calculator, calculating devices like cellular (mobile) phone / pager, etc. are no allowed in the test hall.