KRISHNA INSTITUTE OF MEDICAL SCIENCES	APPLICATION NO.
<b>"DEEMED TO BE UNIVERSITY", KARAD.</b> Accredited by NAAC with 'A' Grade (CGPA: 3.20 on 4 Point Scale) An ISO 9001:2008 Certified University	
Application Form For Admission To	
B. P. Th. B. Sc. Nursing & B. Pharmacy (Management Category) 2018 - 19	
<ul> <li>Instructions :</li> <li>•To be filled in "CAPITAL LETTERS". •If not filled as prescribed, the form will NOT BE ACCEPTED.</li> <li>•Do not fill this form if you do not fulfill the Eligibility Criteria.</li> </ul>	
1. Candidate Name (As Given on Class 10 <sup>th</sup> Certificate)	
2. Sex :    Male    Female    3. Category : NONE    SC    NT    OBC	
<ul> <li>4. Date of Birth : DD MM YY</li> <li>5. Permanent Address For Communication :</li> </ul>	Paste your recent (Not more than 3 months old)
	colour Photograph here
Pin Can 6. E-Mail (If Any) :	ndidate's Signature
7. Telephones :	
STD Code Telephone M	lobile
8. Preference ( tick mark the Box): B. Pharmacy B. P. Th. B. Sc. Nurs	sing
9. Krishna Entrance Test Marks :	
10. Name And Address Of Candidate :	

## 11. Declaration – I

- a) 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.
- b) If admitted to this Institution I shall abide by its rules and regulations.
- c) I have read and understood all the provisions contained in the brochure and here by agree to abide by these provisions.

## 12. Declaration – II

## Signature of Candidate

I, the parent / guardian of the applicant hereby declare that I am aware of the financial obligation of admitting my child / ward to K.I.M.S.D.U., 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 K.I.M.S.D.U., Karad. I also affirm and endorse the declaration made above by my child / ward

Place :

## Signature of Parent/Guardian

Date :