

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

Application Form No.

Application form for **PGP – AIET 2019**

Instructions :

- 1. Read all the instructions in the Brochure before completing the form.
- 2. Write in the boxes with Black Ball Point Pen in Capital Letters only.
- 1. Name of the candidate, as it appears in B.P.Th. degree/passing certificate (Leave one box blank after each word)

2. Contact No.					
3. Date of Birth : DD / DD / YY	Phot Car	ested I tograp Ididate withi t six m	h of e tak in	the en	
Please mark the appropriate box with \checkmark mark					
4. Gender - Male Female	left Th	umb Ir	npre	ession	
5. Nationality - Indian Foreigner					
6. Internship Training Date of Commencement		YY			
Internship Training Date of Completion					
DD MM		YY	ľ		
7. I.A.P. Registration - Yes No Registration No.					
8. Domicile of Maharashtra - Yes No					
9. Whether admitted to and pursuing a post graduate course elsewhere - Yes No					

10. First B.P.Th. marks (write within the boxes)	11. Second B.P.Th. marks
Aggregate Marks out of	Aggregate Marks out of
Month & Year of Passing Percentage of marks obtained	Month & Year of Passing Percentage of marks obtained
Attempt	Attempt
12. Third B.P.Th. marks	13. Fourth B.P.Th. marks
Aggregate Marks out of	Aggregate Marks out of
Month & Year of Passing Month & Year of Passing Percentage of marks obtained Percentage of marks obtained Attempt 15. Subject Preferences for P. G. courses i)	Month & Year of PassingPercentage of marks obtainedAttemptSubject Marks
ii)	
iii)	
16. Degree or Diploma :	
17. Test Centre : Karad	
18. Full Name and Complete Postal Address :	
	Pin Code :

Signature of the Candidate

Certified Xerox Copies of Mark sheets of B. P. Th. (I,II,III,IV) are to be attached.

Declaration

I, hereby declare that the information given in this form is true and complete to the best of my knowledge. I am aware that if any information given herein is found to be incorrect or incomplete, my application will be rejected/ admission will be cancelled.

Signature of the candidate

I, the parent/guardian of the applicant, Mr./Miss._____

<u>Here</u> by declare that I am aware of the financial obligations of admitting my child/ward to the Post-Graduate programme of Krishna Institute of Medical Sciences Deemed University, Karad. I agree to pay the tuition and other fees payable to the University as fixed from time to time as per the rules. I also affirm and endorse the declaration made above by my child/ward.

Place :

Signature of Parent/Guardian

Date:

Father's/Guardian's Name