## KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

Application form for BDS

NOTE: PLEASE READ ALL THE INSTRUCTIONS GIVEN IN BROCHURE

CAREFULLY BEFORE FILLING THE APPLICATION FORM

1.Name of candidate	Attacted								
First Name (As per 10 <sup>th</sup> Class Certificate)	Attested Photograph								
	i notograpii								
Father's/Husband's Name									
	(Do Not Staple or								
Mother's Name	Pin the Photograph								
	Paste it)								
Surnama									
Surname									
2. Date of Birth									
Signa	uture of Candidate (within the box)								
D D M M Y Y Y Y	titule of Carididate (within the box)								
3. Nationality Status 1. Indian 2. NRI 3. Foreigner									
4. Sex 1. Male 2. Female									
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Clea	ar Thumb Print (within the box)								
5. Domicile 1. Maharashtra 2.Other than Maharashtra 6. SC S	T OBC None								
7. STD Code & Telephone Number / Mobile No.									
8. Marks obtained in SSC equivalent: Marks Out of Out of									
	440.0								
Year of Passing S.S.C./ equivalent: Year of Passing H.S.C./10+2	/12 Std.								
9. Marks obtained in P.C.B.(H.S.C / equivalent:)	ut of								
10. DD Number Rs. 1000/-									
11. Form Received From: 1. KIMS, Karad 2. By post.	3. Downloaded								
12. Candidate									
Address:									

Exam Center : Krishna Institute of Medical Sciences, Karad. Date : 20<sup>th</sup> July 2015 Time : 2.00 pm to 5.00 pm

1.Name HSC/						_								•			•		for			
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																				<u>-</u> ]		
District										St	ate											
2. Nam	e ar	nd a	ddre	ess	of p	areı	nt/G	uar	dian	1												
Nar	ne																					
Addre	ess																					
<ol> <li>I hereby declare that the above information is true and complete to the best of maken knowledge. I am aware that if any information herein is found to be incorrect or incomplete, mapplication form will be rejected/admission will be cancelled.</li> <li>If admitted to this Institution I shall abide by its rules and regulations.</li> <li>I have read and understood all the provisions contained in the brochure and hereby agree to abide by these provisions.</li> </ol>											te, m											
												S	igna	ature	e of	the	can	dida	ate.			
I, the parent/guardian of the applicant hereby declare that I am aware of the financial obligations 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:																						
DATE												;	Sign	atu	re o	f Pa	ıren	t/Gı	uard	ian	·	
Father's	s/ G	uard	dian	's N	lam	е																
FOR OFFICE USE ONLY																						
II Entra	nce	Tes	t Fe	e R	s.							R	ece	ipt N	۱o.				Τ		Τ	$\top$

## **RECEIPT-CUM-IDENTITY CARD**

Application No		Attested Photo from same Negative							
Received application	n from Mr/Ms.								
for examination of II ENTRANCE 2015 along with DD Noof Rs. 1000/- in favour of									
Krishna Institute of N	Medical Sciences University, payable at Kara	d drawn on							
Bank of	ank ofDated								
Date:	Stamp & S	Signature of Receiving Authority							