## KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD

## Application form for Post Doctoral Fellowship

Programme-2017

## 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.
3. Name of the candidate
(Leave one box blank after each word)

4. M obile No. $\square$
5. Date of Birth :


DD


M M


YY

Please mark the appropriate box with ?? ? mark
Attested Recent Photograph of the Candidate taken within last six months
4. Gender -

M ale $\square$
Female

5. Nationality - Indian
$\square$

Foreigner $\quad \square$
$\square$
$\square$
7. M .C.I. Registration -
8. M. M. C. Registration -
9. Domicile of M aharashtra -

| Yes | No <br> No <br> No |  |
| :---: | :---: | :---: |
|  |  |  |
| Yes |  |  |
| Yes |  |  |



Left Thumb Impression
10. Qualifying Degree :
11. M arks Obtained in the Qualifying Examination :


Out of $\square$
12. Subject Preferences for Fellowship Programme
i) $\qquad$
ii) $\qquad$
iii) $\qquad$
13. a. D. D. Amount - $\qquad$ b. D. D. No. - $\qquad$
b. Name of Bank $\qquad$
14. Test Centre : Karad
15. Full Name and Complete Postal Address :


Signature of the Candidate

## 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

KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

KFET - 2017
Entrance Test Admit Card

## Application Form No.



Unattested
Recent Photograph
of the Candidate
taken within last six months

Seat No.

Name of the Candidate : $\qquad$

Address \& Contact No. $\qquad$

Entrance Test Date :

Entrance Test Time :

Entrance Test Centre:
10.00 am to 12.00 noon

M onday $10^{\text {th }}$ July 2017

Karad

