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

## **Application form for Post Doctoral Fellowship** Programme – 2017



**Application Form No.** 

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- 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.

(Leave one box blank after each word)	
2. Mobile No.	
3. Date of Birth : DD MM YY	Attested Recent Photograph of the Candidate taken within last six months
ease mark the appropriate box with ???mark	last six illolitiis
4. Gender - Male Female	
5. Nationality - Indian Foreigner	
	Left Thumb Impression
7. M .C.I. Registration - Yes No Registration No.	
8. M. M. C. Registration - Yes No Registration No.	
9. Domicile of Maharashtra - Yes No	
10. Qualifying Degree :	

2. Subject Preferences for Fellowship Programme	
i)	_
ii)	_
iii)	_
	b. D. D. No
b. Name of Bank	
. Test Centre : Karad	
5. Full Name and Complete Postal Address :	
	Pin Code :
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 :		
Address & Contact No		
	8 <u>-</u>	
Entrance Test Date :	10.00 am to 12.00 noon	
Entrance Test Time :	Monday 10 <sup>th</sup> July 2017	
Entrance Test Centre:	Karad	

**Competent Authority**