Form	No.
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KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

Application form for M.Sc. Biotechnology / M.Sc. Microbiology (Entrance Test - 2016) NOTE: PLEASE READ ALL THE INSTRUCTIONS GIVEN IN BROCHURE CAREFULLY BEFORE FILLING THE APPLICATION FORM.

1.Name of candidat

First Name (As per 10 th Class Certificate)	
	Attested Photograph
Father's/Husband's Name	
Mother's Name	Do Not Staple or Pin the Photograph
	Paste it
Surname	
2. Date of Birth	
D D M M Y Y Y Y	
3. Nationality Status	
1. Indian 2. NRI 3. Foreigner	
4. Sex 1. Male 2. Female 5. Domicile 1. Maharashtra 2.	Other than Maharashtra
6. STD Code & Telephone Number / Mobile No.	
7. Marks obtained in B.Sc. equivalent: Marks Out	of http://www.com
Year of Passing B.Sc/ equivalent: Year of Passing H.S.C./1	0+2 /12 Std.
	1
8. Aggregate % at B.Sc 9. Principal Subject at	B.Sc
10. Subsidiary Subjects at B.Sc	
11. Admission preferred for M.Sc. Biotech M.Sc. Micro	biology
12. DD Number Rs. 800/- (Form Fee + Entrance Fee)	
13. Address:	

1.Name of	the	Coll	ege	tror	m w	hich	n the	e cai	ndid	ate	has	s pa	sse	d/ap	реа	red	for				
BSc/Equ	ivale	ent E	Exar	n. a	long	g wit	h its	s ful	lad	dres	ss (F	Plac	e, D	Distr	ict, S	Stat	e)				
]		
]		
District									St	ate											
2. Name and address of parent/Guardian																					
Name																					
Adross																					
Address																					

Note :- Attested Xerox Copy of the B.Sc. Mark list must be attached with Application Form.

3.Declaration:

1. 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.

2. If admitted to this Institution I shall abide by its rules and regulations.

3. I have read and understood all the provisions contained in the brochure and hereby agree to abide by these provisions.

Signature of the candidate.

I, the parent/guardian of the applicant hereby declare that I am aware of the financial obligations of admitting my child/ward to KIMSDU, 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 KIMDSU, Karad. I also affirm and endorse the declaration made above by my child/ward.

PLACE :

DATE :

Signature of Parent/Guardian.

Father's/ Guardian's Name

FOR OFFICE USE ONLY

Entrance Test Fee Rs.					Receipt No.				
	•	•	•	•					

KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.



Entrance Test Admit Card

Application Form No.

Unattested Recent Photograph of the Candidate taken within last six months

Seat No. Entrance Exam - 2016

Name of the Candidate :

Address & Telephone No.

Entrance Test Date : 05/07/2016

Entrance Test Time : 11.00 am to 2.00 pm

Entrance Test Centre : Karad

Competent Authority