

Website: www.kimsuniversity.in

KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD. (Declared U/s 3 of UGC Act, 1956 vide Notification No. F.9-15/2001-U.3 of the Ministry of Human Resource Development, Govt. of India.) Karad, Dist. Satara (Maharashtra State) Pin: 415 110 Tel: 02164 -241555-8 Fax: 02164 243272/242170 Website: www.kimsuniversity.in E-mail: contact@kimsuniversity.in

Form No.

APPLICATION FORM FOR

M. Sc. (Nurse Practitioner in Critical Care) Entrance	- 2017						
Instructions: 1. Read all the instructions in the Brochure before completing the form. 2. Write in the before with Ball Point Pen in Capital Letters only.							
Candidate's Name (As in Degree certificate)							
Address for communication 3. Candidates Photograph							
	Do not staple or pin the photograph paste it.						
Pin:	Candidates signature						
4. State							
5. E – Mail ————————————————————————————————————							
6. Sex 7. Date of Birth 8. To	elephone						
Male Female D D M M Y Y Y Y STD Cod							
Mobile N	lumber						
9. Details of Demand Draft D. D. No. Amount in Rs.	Date of Issue						
D I	D M M Y Y Y						
10. Name of the Bank							
Please mark the appropriate box with ✓ mark							
11. Nationality - 1. Indian 2. NRI 3. Foreigner							

	Examination	Board / University	Year of Passing	Attempt	Total Marks Obtained	Out of	Percent
	1 st Year						
	2 nd Year						
	3 rd Year						
	4 th Year						
5. W	hether obtained	d any other post	graduate quali	fication if Yes (give Details		
	Examination	Board / University	Year of Passing	Attempt	Total Marks Obtained	Out of	Percent
6. W	hether admitte	d to any other P0	G Course in any	other subject	at any other Insti	tute? If Yes, g	jive details
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	eclaration – I						
7. D		are that the abo			omplete to the be		
a			erein is found t			i y appiioatio	
a a	ware that, if an	y information he sion will be cance		to be incorrect			
a a r	ware that, if an ejected/admiss . If admitted to	y information he ion will be cance	elled. e of Nursing Sc	iences, Karad (of Krishna Institu		sciences

18. Declaration - II

a. I, the parent / guardian of the applicant hereby declare that, I am aware of the financial obligations of admitting my child / ward to Krishna Institute of Nursing sciences, Karad. I agree to pay the tution and other fees payable to the institution as fixed from time to time as per the rules of the rules of Krishna Institute of Medical Sciences Deemed University, Karad. I also affirm and endorse the declaration made above by my child / ward.

Place :			
Date :	/	/	Signature of the Parent / Guardian
Father's / (Guardian's Na	me :	
			FOR OFFICE USE ONLY
Entrance 7	Test Fees Rs.		Received in cash, Receipt No.

INSTRUCTIONS FOR CANDIDATES

- 1. Candidates shall be present at the centre 30 minutes before the commencement of the examination.
- 2. No. candidate without an admit card shall be allowed to sit the test hall by the Centre Superintendent.
- 3. Candidate must preserve the admit Card till the Process of admission.
- 4. No candidate shall be allowed to leave the Test Hall before the conclusion of the test and without handing over the answer sheet and test Booklet to the invigilator concerned.
- 5. The candidate shall not remove any page(s) from the Test Booklet and if any page (s) is / are found missing from his / her Test Booklet, he / she will be proceeded against and shall be libel for criminal action.
- 6. Candidate should bring good quality black/ blue ball point pen for the examination.
- 7. Use of calculator, calculating devices like cellular (mobile) phone / pager, etc. are no allowed in the test hall.