

KRISHNA INSTITUTE OF MEDICAL SCIENCES UNIVERSITY, KARAD.

Application form for (MBBS, BDS, BPTH, B.Sc Nursing)

NOTE: PLEASE READ ALL THE INSTRUCTIONS GIVEN IN BROCHURE CAREFULLY BEFORE FILLING THE APPLICATION FORM.

1. Name of candidate

First Name (As per 10th Class Certificate)

Father's/Husband's Name

Mother's Name

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. SC

ST

OBC

None

7. STD Code & Telephone Number / Mobile No.

8. Marks obtained in SSC equivalent:

Marks

Out of

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):

Out of

10. Appeared

11. Examination Center Code:

01. Karad

02. Pune

03. Mumbai

04. Delhi

05. Ahmedabad

06. Hyderabad

07. Kottayam (Kerala)

12. DD Number Rs. 500/-

13. DD Number of Rs.1000/-

14. DD Number Rs. 1500/-

15. Form Received from:

1. KIMS, Karad

2. By post.

3. Downloaded

16. Course preferences (MBBS/BDS/B.P.Th./B.Sc.(Nursing))

i) _____ ii) _____

iii) _____ iv) _____

16. Candidates

Address :

Attested Photograph

by gazetted officer or principal

(Do Not Staple or
Pin the Photograph
Paste it)

Photograph snapped
on or after 1/1/2009

Signature of Candidate (within the box)

Clear Left Thumb Print (within the box)

RECEIPT-CUM-IDENTITY CARD

Application No. _____

Attested Photo
from same
Negative

Received application from Mr/Ms. _____

for examination of KAIET-2009 along with DD No. _____ of Rs. 1,000/- in favour
of Krishna Institute of Medical Sciences University, payable at Karad drawn on

Bank _____ Dated _____

Date: _____

Stamp & Signature of Receiving Authority

Address :

Application for Verification of Marks

Name : _____

Address _____

Telephone Resi. _____ Mob. _____

KAIET-2009 Roll No. _____ Application .No. _____

Merit No. _____

D.D. No. _____ from Bank _____ dated _____

Of Rs. 1,000/- in favour of Krishna Institute of Medical Sciences University, payable at Karad.

Date:

Signature of Candidate

Place:

ACKNOWLEDGMENT

Received application for verification of marks of KAIET-2009 along with DD of Rs. 1,000/- from

Mr./Ms.

KIAIET-2009 Roll No.

Date:

Address :

Affidavit Format :
to be executed on a Rs. 100/- Stamp paper

AFFIDAVIT

I, _____

son/daughter of _____

hereby solemnly affirm that the following statements made by me are true to the best of my knowledge and belief.

- 1) I am a citizen of India.
- 2) I have completed 17 years of age/will be completing 17 years of age on/before 31st Dec. 2009. I have studied in class 11 and 12 in India and have passed a qualifying examination in the subjects of Physics, Chemistry, and Biology individually and have obtained 50% marks together in these subjects and I have also passed in the subject of English. I have passed all the four subjects in one and the same attempt.
- 3) I have studied and understood the Rules governing admission procedure, fee structure etc. and agree to abide by these rules.
- 4) If admitted to Krishna Institute of Medical Sciences University, Karad, I will abide by all its Rules and Regulations, especially those regarding discipline, attendance, examinations and payments of fees. I understand that failure to comply with the Rules and Regulations will invite an appropriate disciplinary action from the Institutional Authorities.
- 5) I will not involve my self in any action of ragging during the course of my education in this University. I understand that Involvement in ragging is a cognizable offence and will result in police action which would result in cancellation of my admission to the course.

Name of the candidate

Signature of the Candidate

I,

the father/mother/guardian of

An applicant for admission to MBBS/BDS/B.P.Th./B.Sc.Nursing at Krishna Institute of Medical Sciences University, Karad, hereby solemnly affirm that all the above statements made by my son/daughter/ward are true to the best of my knowledge and belief. I am aware of the financial obligations of admitting my child/ward to the college. I will be responsible for the payments of his/her fees in time and for his/her conduct.

Name of the Parent/guardian.

Relationship to candidate

Address with Phone No.

Signature of the Parent/guardian.

FORMAT FOR CERTIFICATE OF MEDICAL FITNESS

On Doctor's Letter Head

This is to certify that I have conducted clinical examination of
Mr./Ms. _____ who is desirous of
admission to course in Health Science.

He/She has not given any personal history of any disease incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to undergo the professional course.

Certified further, that he/she has not shown any evidence of major defects of posture, locomotion, vision, hearing or any other systemic disorder.

Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career in Medical/Dental /Ayurved/Homeopathy.

1.

2.

3.

REGISTERED MEDICAL PRACTITIONER

Seal & Signature _____

Name _____

Registration No. _____

INSTRUCTIONS FOR ANSWER SHEET

1. Use only BLACK ball point pen to darken the appropriate circle.
2. Mark should be dark and should completely fill the circle.
3. Darken only one circle for each entry as the Answer once marked is not liable to be changed.
4. There will be four answer options for each question. The candidate will indicate his/her response to the question by making appropriate circle completely with black ball point pen.
e.g. Question No. 152 Coronary Artery supplies blood to?
(a) Lungs (b) Brain (c) Heart (d) Intestine
Locate the question no. 152 in the answer sheet and then correct answer © is to be darkened as 152 (A) (B) ● (D)
5. A lightly or faintly darkened circle may be treated as a wrong method of marking and will be rejected by the scanner.
6. Make the marks only in the space provided.
7. Please do not fold the answer sheet and do not make any stray marks on it.
8. The question papers and Optical Magnetic Reader sheets are issued separately at the time of the examination.
9. Choice and sequence for attempting questions will be as per the convenience of the candidate.
10. Use of whitener or any other material to erase/hide the circle once filled is not permitted.
11. Avoid overwriting and/or striking of answer once marked.
12. The required mathematical tables, log books etc. will be provided along with the question booklet.
13. Immediately after the prescribed examination time is over, the answer sheets and the question booklet is to be returned to the invigilator.
14. Confirm that both the candidate and invigilator we signed on question booklet and answer sheet.
15. No candidate will be allowed to leave or enter the examination hall during the examination hours .

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(MBBS, BDS, BPTH, B.Sc Nursing)****NOTE: PLEASE READ ALL THE INSTRUCTIONS GIVEN IN BROCHURE
CAREFULLY BEFORE FILLING THE APPLICATION FORM.**

1. Name of candidate

First Name (As per 10th Class Certificate)**S U N I L**

Father's/Husband's Name

V I J A Y

Mother's Name

V I M A L

Surname

P A T I L

2. Date of Birth

D D M M Y Y Y Y

2 0 0 6 1 9 8 93. Nationality Status **1**

1. Indian 2. NRI 3. Foreigner

4. Sex **1**

1. Male 2. Female

5. Domicile **1**1. Maharashtra 2. Other than Maharashtra 6. SC ST OBC None

7. STD Code & Telephone Number / Mobile No.

0 2 1 6 4 2 4 2 9 6 8

8. Marks obtained in SSC equivalent:

Marks **5 1 2** Out of **7 5 0**

Year of Passing S.S.C./ equivalent:

2 0 0 3

Year of Passing H.S.C./10+2 /12 Std.

2 0 0 5

9. Marks obtained in P.C.B.(H.S.C / equivalent):

2 9 0 Out of **3 0 0**10. Appeared 11. Examination Center Code: **01** 01. Karad 02. Pune

03. Mumbai 04. Delhi 05. Ahmedabad 06. Hyderabad 07. Kottayam (Kerala)

12. DD Number Rs. 500/-

2 4 8 4 9 2

13. DD Number of Rs.1000/-

14. DD Number Rs. 1500/-

2 4 2 4 6 415. Form Received from: 1. KIMS, Karad 2. By post.

3. Downloaded

16. Course preferences (MBBS/BDS/B.P.Th./B.Sc.(Nursing))

i)

ii)

iii)

iv)

16. Candidates

Address :

14/7, Patil Colony,**Agashivnagar, Karad - 415 110****Dist. Satara**

Attested Photograph

by gazetted officer or principal

(Do Not Staple or
Pin the Photograph
Paste it)Photograph snapped
on or after 1/1/2009*V.R. Patil*

Signature of Candidate (within the box)

Clear Left Thumb Print (within the box)

1. Name of the school/College from which the candidate has passed/appeared for HSC/Equivalent Exam. along with its full address (Place, District, State)

Y C C O L L E G E

K A R A D

District S A T A R A State M A H A R A S H T R A

2. Name and address of parent/Guardian

Name V I J A Y R A J A R A M P A T I L

Address 1 4 / 7 P A T I L C O L O N Y

A G A S H I V N A G A R K A R A D

D I S T S A T A R A

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.

V.R. Patil

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 K.I.M.S.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.U.Karad. I also affirm and endorse the declaration made above by my child/ward.

PLACE :

Vpatil

DATE :

Signature of Parent/Guardian.

Father's/ Guardian's Name

V I J A Y R A J A R A M P A T I L

FOR OFFICE USE ONLY

Entrance Test Fee Rs.

Receipt No.