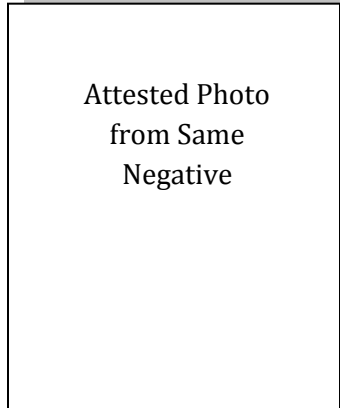


RECEIPT – CUM – IDENTITY CARD



Application No. _____

Received application from Mr. / Ms. _____

for Entrance examination along with D. D. No. _____ of Rs. _____

in favour of **KRISHNA INSTITUTE OF MEDICAL SCIENCES UNIVERSITY**, payable at Karad drawn on

_____ Bank of _____ Dated _____

Dated : _____

Stamp & Signature of receiving Authority

Student's Address : _____
