Form No. _____

KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

Application form for P. B. B. Sc. Nursing Entrance Test - 2016

1. Name of candidate

First Name (As per 10th Class Certificate)

Father's/Husband's Name

Mother's Name

Surname

Do Not Staple or Pin the Photograph Paste it

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 R.G.N.M. Marks Out of

Year of Passing R.G.N.M.

Year of Passing R.G.N.M.

8. DD Number Rs. 500/- (Form Fee + Entrance Fee)

9. Address:

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)

District State

2. Name and address of parent/Guardian

Name

Address

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 KIMSDU, Karad. I also affirm and endorse the declaration made above by my child/ward.

PLACE :

DATE : **Signature of the candidate**

Parent/Guardian. Father's/ Guardian's Name

FOR OFFICE USE ONLY

Entrance Test Fee Rs. Receipt No.

RECEIPT – CUM – IDENTITY CARD

Attested Photo
from Same
Negative

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 : _____

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