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

Application form for M.Sc. Biotechnology (II Entrance Test - 2014)

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

1.Name of candidate							
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. C	Other than Maharashtra						
6. STD Code & Telephone Number / Mobile No.							
7. Marks obtained in B.Sc. equivalent: Marks Out of							
Year of Passing B.Sc/ equivalent: Year of Passing H.S.C./10	+2 /12 Std.						
9. Admission preferred for M.Sc. Biotechnology							
10. DD Number Rs. 500/- (Form Fee) 11. DD Number of R	s.800/- (Entrance Fee)						
12. Address:							
12. Address.							

1.Name of HSC/Equ					ege . alc									•		•	•		for		
1100/240	I					l l]	
District									St	ate											
2. Name ar	nd a	ddre	ess (of p	arer	nt/G	uar	dian)												
Name																					
Address																					
 I here knowledge application 	by o . I ai form	m av n wil	ware Ibe	e th reje	at if ecte	any d/ad	info dmis	orm ssio	ation n wil	n he I be	rein can	is t	foun ed.	d to	be	inc	orre				•
2. If admitt	ted t	o th	is In	stit	utior	าไร	hall	abi	de b	y its	s rul	es a	and	reg	ulati	ons	•				
3. I have read and understood all the provisions contained in the brochure and hereby agree to abide by these provisions.																					
												S	igna	ature	e of	the	can	dida	ate.		
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/ G	uard	dian	's N	am	e																
	FOR OFFICE USE ONLY																				
Entrance T	est F	-ee	Rs.									R	ece	ipt N	lo.						

KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

Application for Verification of Marks

Name :			
	Mob. —		
Roll No	Application .No	Merit No	
D.D. No	from Bankda	ted	_
Of Rs. 500/- in favour	of Krishna Institute of Medical	Sciences University	/, payable at Karad.
Date:		-	of Candidate
	ACKNOWLED	OGMENT	
Received application f	or verification of marks ENTRAN	ICE TEST-2014 along	with DD of Rs. 500/- from
Mr./Ms			
Roll No.			
Address:			

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	า - 2014	
Name of the Candidate :	:	
Address & Telephone No	O	
Entrance Test Date :	26/08/2014	
Entrance Test Time :	11.00 am to 2.00 pm	
Entrance Test Centre :	Karad	

Competent Authority