





**KRISHNA INSTITUTE OF MEDICAL SCIENCES  
DEEMED UNIVERSITY, KARAD.**

**Application for Verification of Marks**

Name : \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Resi. \_\_\_\_\_ Mob. \_\_\_\_\_

Roll No. \_\_\_\_\_ Application .No. \_\_\_\_\_ Merit No. \_\_\_\_\_

D.D. No. \_\_\_\_\_ from Bank \_\_\_\_\_ dated \_\_\_\_\_

Of Rs. 500/- in favour of Krishna Institute of Medical Sciences University, payable at Karad.

Date: \_\_\_\_\_

Signature of Candidate

Place: \_\_\_\_\_

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**ACKNOWLEDGMENT**

Received application for verification of marks ENTRANCE 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 - 2014

Name of the Candidate : \_\_\_\_\_

Address & Telephone No. \_\_\_\_\_

Entrance Test Date : 12/07/2014

Entrance Test Time : 11.00 am to 2.00 pm

Entrance Test Centre : Karad

**Competent Authority**