

Verification Form to be submitted by 9th June 2014

Application For Verification of Marks

Name : _____

Address : _____

Telephone No. Resi.: _____ Mobile : _____

KAIET – 2014 Roll No.: _____ Application No.: _____ Marks : _____

DD No. _____ Bank _____ dated _____

Of **Rs. 1000/-** in favour of **Krishna Institute of Medical Sciences University**, payable at Karad.)

Date : _____

Palce : _____

Signature of Candidate