



KRISHNA INSTITUTE OF MEDICAL SCIENCES “DEEMED TO BE UNIVERSITY”, KARAD

Accredited by NAAC with 'A' Grade (CGPA: 3.20 on 4 Point Scale)

An ISO 9001:2008 Certified University

Declared U/s 3 of UGC ACT, 1956 vide Notification no.F.9-15/2001-U.3 of the Ministry of Human Resource Development, Govt. of India
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Affix
Passport
Photograph

1. Faculty: _____ 2. Subject: _____

3. Research Topic: _____

To,

The Registrar
Krishna Institute of Medical Sciences Deemed University,
Karad

Tel./Mobile No. _____

E-mail _____

Sir / Madam,

I hereby apply for admission to the Ph.D. Degree. I state that I have not been admitted as a student for this or any other Degree in this or any other University. The required details about myself are as follows:

1. **Name in full (in Capital Letters):**

(Surname) (Name) (Father/Husband) (Mother's Name)

2. **Date of Birth** :

3. **Gender** : Male/Female (Strike out whichever is not applicable)

4. **Nationality** : _____

5. **Permanent Address:** _____

6. **Present (Local) Address:** _____

7. **Demand Draft No. (Rs. 1500/-) :**

8. **Name of Bank :** _____

9. I belong to the category mentioned below (Please Tick the appropriate box & attach attested caste certificate)

Open Category	SC	ST	DT (A)	NT (B)	NT(C)	NT (D)	SBC	OBC
1	2	3	4	5	6	7	8	9

10. Present Occupation/Employment (Give Name and Address of the Employer)

11. Particulars of Degrees previously obtained (attach attested copies of statement of marks and Certificates):

Degree	University	Year of Passing	Subjects Offered	Class / Grade	Percentage / Grade Points
Bachelor's Degree					
Master's Degree					
Any Other Degree Diploma					

12. Particulars of Publications:

SN	Title of the Paper / Book	Name of the Journal / Publisher	Place and Year of Publication
1.			
2.			
3.			
4.			
5.			

13. Details of Teaching Experience:

SN	Name of the College	Subject(s) Taught	Year(s)
1.			
2.			
3.			
4.			
5.			
6.			

14. **Details of professional experience, if any (Attach necessary Certificates):**

(i) Nature of Professional Experience: _____

(ii) The Institute where Professional experience was gained: _____

(iii) Period of Professional experience: _____

Brief Synopsis of the research work to be attached.

Name and Signature of applicant