

KRISHNA INSTITUTE OF MEDICAL SCIENCES "DEEMED TO BE UNIVERSITY", KARAD.

APPLICATION NO.

Accredited by NAAC with 'A' Grade (CGPA: 3.20 on 4 Point Scale) An ISO 9001:2015 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 Karad, Dist.: Satara (Maharashtra State) Pin: 415110 Tel: 02164-241555-8 Fax: 02164-243272/242170 E-mail: registrar@kimskarad.in

Website: www.kimskarad.in

APPLICATION FORM FOR ADMISSION

Certificate Courses 2018-19 (after 10 + 2)
Instructions:-
 To be filled in "CAPITAL LETTERS". If not filled as prescribed, the form will NOT BE ACCEPTED.
 Do not fill this form if you do not fulfill the Eligibility Criteria. • (✓ The Appropriate)
1. Candidate Name (As Given in Class 10 th Certificate)
2. Sex: Male Female 3. Category: None SC NT OBC
4. Date of Birth:
DD MM YY Paste your
recent (Not more than
5. Permanent Address For Communication: 3 months old)
colour Photograph
here
Pin Pin
Candidate's Signature
6. E-Mail (if any) :
7. Telephones :
STD Code Telephone Mobile
8. Academic Details :
Year Of Passing: SSC/12 th std
Name of The Decard of Qualifying Evens (12th /USC (or Equivalent)
Name of The Board of Qualifying Exam : (12th /HSC/or Equivalent)
9. Marks/Grade Obtained In The Qualifying Examination
Physics Chemistry Biology
Maximum Marks
Minimum Passing Marks
Marks Obtained

10. Admission Preferred for :																										
1. Certificate Course in Operation Theatre techniques																										
	2. Certificate Course in Dialysis Technique																									
	3. Certificate Course in Echocardiogram Techniques																									
11. Name of The School/College From Where Candidate Has Passed 12 th Std. Exam Along With Full Address:																										
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 admission will be cancelled. b) If admitted to this Institution I shall abide by its rules and regulations. c) I have read and understood all the provisions contained in the brochure and here by agree to abide by these provisions. 																										
Signature of Candidate 14. Declaration - II																										
I, the parent / guardian of the applicant hereby declare that I am aware of the financial obligation of admitting my child / ward to K.I.M.S.D.U., 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 K.I.M.S.D.U., Karad. I also affirm and endorse the declaration made above by my child / ward																										
	Place : Signatu														atu	re o	f Par	ent	/Gua	ardi	an					
	Date	e :																								