KRISHNA INSTITUTE OF MEDICAL SCIE	FORM NO.													
UNIVERSITY, KARAD APPLICATION FORM FOR (BPTh an														
ADMISSION FOR														
	B.P.Th.													
NOTE :Please read all the instructions given in brochure carefully before filling the application form.														
1. Candidate's Name (As given in class 10th Certificate)														
Father's/Mother's/Husband's Name														
2. Date of Birth 3. Nationality Stat	116		Ca	ndidate	e's Pho	to								
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7. Telephones														
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8. Marks obtained in SSC equivalent:														
Marks Out of Year of Passing		Cano	didate's	Signa	ture									
9. Marks obtained in P.C.B. (HSC/equivalent):														
Marks Obtained in Field. (1367 equivalent). Marks Out of Year of Passing 10. Appeared 0														
11. Examination Centre: KRISHNA INSTITUTE OF MEDICAL SCIENCES, KARAD.														
12. Details of Demand Draft														
DD. No. Rs. 500/- Date of Issue														
Name of the Bank														
13. Candidate Address:														
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14. Clear Left Thumb Print (within the box)														

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