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

Application form for MPTh Entrance Exam 2017



Application Form No.

Instructions: 1. Read all the instructions in the Brochure before completing the form 2. Write in the boxes with Black Ball Point Pen in Capital Letters only.					
Name of the candidate, as it appears in B.P.Th. degree/passing certificate (Leave one box blank after each word)					
2. Contact Telephone No. STD Code Telephone No. Attested Recent					
Photograph of the					
Candidate taken 3. Date of Birth: DD MM YY last six months					
Please mark the appropriate box with mark					
4. Gender - Male Female Left Thumb					
5. Nationality - Indian Foreigner Impression					
6. Internship Training Date of Commencement DD / MM YY					
Internship Training Date of Completion DD MM YY					
7. I.A.P. Registration - Yes No Registration No.					
8. Domicile of Maharashtra - Yes No					
9. Whether admitted to and pursuing a post graduate course elsewhere - Yes No					

10. FIRST B.P. In. marks (write within the boxes)	11. Second B.P.1n. marks
Aggregate Marks out of	Aggregate Marks out of
Month & Year of Passing Percentage of marks obtained Attempt	Month & Year of Passing Percentage of marks obtained Attempt
12. Third B.P.Th. marks	13. Fourth B.P.Th. marks
Aggregate Marks out of	Aggregate Marks out of
Month & Year of Passing Percentage of marks obtained Attempt	Month & Year of Passing Percentage of marks obtained Attempt
15. Subject Preferences for P. G. courses	Subject Marks
i)	
ii)	
iii)	
16. Degree or Diploma :	
17. Test Centre: Karad	
17. Test Centre : Karad18. Full Name and Complete Postal Address :	
	Din Codo :
	Pin Code :

Certified Xerox Copies of Mark sheets of B. P. Th. (I,II,III,IV) are to be attached.

Declaration:

I, hereby declare that the information given in this form is true and complete to the best of my knowledge. I am aware that if any information given herein is found to be incorrect or incomplete, my application will be rejected/ admission will be cancelled.

Signature of the candidate

I, the parent/guardian of the applicant, Mr./Miss.				
	Here by declare that I am aware of the financial			
obligations of admitting my child/ward	to the Post-Graduate programme of Krishna			
Institute of Medical Sciences Deemed University, Karad. I agree to pay the tuition and				
other fees payable to the University as fixed from time to time as per the rules. I also				
affirm and endorse the declaration made above by my child/ward.				
Place :	Signature of Parent/Guardian			
Date :				
Father's/Guardian's Name:				

KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

Entrance Test Admit Card

		Unattested Recent Photograph of the Candidate taken within last six months	
Seat No. :			
Name of the Candidate :			
Address & Telephone No)		
Entrance Test Date :	22/06/2017		
Entrance Test Time :	2.00 pm to 3.30 pm		
Entrance Test Centre :	Krishna Institute of Medical Sciences, Karad.		

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