

KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD



Application Form No.

Application form for Post Doctoral Fellowship Programme – 2017

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.

1. Name of the candidate
(Leave one box blank after each word)

2. Mobile No.

3. Date of Birth : / /
DD MM YY

Attested Recent
Photograph of the
Candidate taken
within
last six months

Please mark the appropriate box with [X] mark

4. Gender - Male Female

5. Nationality - Indian Foreigner

Left Thumb Impression

7. M .C.I. Registration - Yes No Registration No. _____

8. M. M. C. Registration - Yes No Registration No. _____

9. Domicile of Maharashtra - Yes No

10. Qualifying Degree :

11. Marks Obtained in the Qualifying Examination : Out of



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

**KFET - 2017
Entrance Test Admit Card**

Application Form No.

Unattested
Recent Photograph
of the Candidate
taken within
last six months

Seat No.

Name of the Candidate : _____

Address & Contact No. _____

Entrance Test Date : 10.00 am to 12.00 noon

Entrance Test Time : Monday 10th July 2017

Entrance Test Centre: Karad

Competent Authority