



KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD

APPLICATION FOR COURSES UNDER DEPARTMENT OF HIGHER STUDIES

ADMISSION TO THE COURSE:

Post Doctoral Fellowships

- | | | |
|--|---|---|
| <input type="checkbox"/> Neonatology | <input type="checkbox"/> Sports Medicine | <input type="checkbox"/> Echocardiography |
| <input type="checkbox"/> Maternal Fetal Medicine | <input type="checkbox"/> Minimal Access Surgery | <input type="checkbox"/> Spine |
| <input type="checkbox"/> Cleft Lip & Plate | <input type="checkbox"/> Critical Care | <input type="checkbox"/> MicroEndodontics |
| <input type="checkbox"/> Geriatrics Medicine | <input type="checkbox"/> Assisted Reproductive Technology | |

Please ✓ in the appropriate box.

1. Name of the Candidate : _____

2. Date of Birth : ____ / ____ / _____

3. Sex : Male Female

4. Address : _____

5. Telephone No. with Code : _____ Cell No : _____

6. E-mail Address : _____

7. Name of the qualifying examination passed _____

8. Details of major subject (if any) : _____

9. Documents to be attached :

- SSC Certificate and Mark list - HSC Certificate and Mark list - Migration Certificate
- Certificate and Mark list of qualifying examination - I-card size photographs (2)

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

Date :

Signature of the candidate