

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

For Office Use

1. Marks obtained at PGS - AIET 2016 : _____ Out of 150, i.e. _____%

2. Rank in the Merit List : _____

3. Rank in subject wise merit list : _____

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



**PGS - AIET- 2016
Entrance Test Admit Card**

Application Form No.

Unattested
Recent Photograph
of the Candidate
taken within
last six months

Seat No. PGS – AIET - 2016

Name of the Candidate : _____

Address & Telephone No. _____

Entrance Test Date : 09/06/2016

Entrance Test Time : 11.00 am to 1.30 pm

Entrance Test Centre : KIMS, Karad

Competent Authority