

Total Marks of PCB:

KRISHNA INSTITUTE OF MEDICAL SCIENCES "DEEMED TO BE UNIVERSITY", KARAD.

APPLICATION NO.				

Accredited by NAAC with 'A' Grade (CGPA: 3.20 on 4 Point Scale)
An ISO 9001:2008 Certified University

Declared U/s 3 of UGC ACT, 1956 vide Notification no.F.9-15/2001-U.3 of the Ministry of Human Resource Development, Govt. of India
Karad, Dist.: Satara (Maharashtra State) Pin: 415110

Tel: 02164-241555-8 Fax: 02164-243272/242170

Website: Washy kimplegrand in

We	ebsite : <u>www.kimskarad.in</u>			E-	-mail: <u>registrar@kim</u>	<u>skarad.in</u>			
	Арр	olication Forn	n for Admiss	ion To					
B. Sc. Perfusion Technology &									
	Bachelor of Medical Imaging Technology								
Ins	tructions :	201	9 - 20						
	•To be filled in "CAPITAL LETTERS". •If not filled as prescribed, the form will NOT BE ACCEPTED.								
•D	•Do not fill this form if you do not fulfill the Eligibility Criteria.								
1.	1. Candidate Name (As Given on Class 10 th Certificate)								
_									
2.	Sex: Male Female	3. Categor	y: NONE	SC NT	OBC				
4.	Date of Birth :				Pasta your r	ecent			
	DD M	M YY				Paste your recent (Not more than			
5.	Permanent Address For Comm	nunication :			3 month				
					color Photog				
					here	-			
		Pin			Candidate's Si	 gnature			
6.	E-Mail (If Any) :	_				_			
			1 1 1 1						
7.	Telephones:								
,,	STD Code		lanhana		Mobile				
	31D Code	Te.	lephone		Mobile				
8.	Academic Details:								
	Year Of Passing: SSC/10	th Std							
	1001 011 000119.								
	Name of Board of Qualifying E	xamination : (12^{th})	HSC/OR Equival	ent)					
9.	Marks/Grade Obtained in the O	Qualifying Examina	ntion (If Already l	Passed)					
		Physics	Chemistry	Biology	Englis	h			
	Maximum Marks	-	J	37					
	Minimum Passing Marks								
	Marks Obtained								
	Mai K5 Obtaineu								

PCB Percentage Of Marks:

10. Preference for Course : 1. B. Sc. Perfusion Technology								
2. Bachelor of Medical Imaging Technology								
Payment Details: D. D. No. Date of Issue Management of The Bank (All DD should be drawn, in favor of "Krishna Institute of Medical Sciences University" payable at Karada 11. Name of the school/college from where candidate has passed / appeared 12th std. exam along with full address:	.)							
12. Name and address of parent/guardian: 13. Declaration – I a) 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. b) If admitted to this Institution I shall abide by its rules and regulations. c) I have read and understood all the provisions contained in the brochure and here by agree to abide by these provisions.								
Signature of Candidate 14. Declaration – II I, the parent / guardian of the applicant hereby declare that I am aware of the financial obligation of admitting my child / ward to K.I.M.S.D.U., Karad. I agree to pay the tuition and other fees payable to the institution as fixed from time to time as per the rules of K.I.M.S.D.U., Karad. I also affirm and endorse the declaration made above by my child / ward Place: Signature of Parent/Guardian								
Date :								