

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 PGD - AIET 2015 : _____ Out of 100, i.e. _____ %
2. Rank in the Merit List : _____
3. Rank in subject wise merit list : _____



KRISHNA INSTITUTE OF MEDICAL SCIENCES DEEMED UNIVERSITY, KARAD.

PGD - AIET- 2015 Entrance Test Admit Card

Application Form No.

Unattested
Recent Photograph
of the Candidate
taken within
last six months

Seat No. PGD - AIET/ /2015

Name of the Candidate : _____

Address & Telephone No. _____

Entrance Test Date : 07/01/2015

Entrance Test Time : 11.00 am to 12.30 pm

Entrance Test Centre: