

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



**Application form for Post Doctoral Fellowship
Programmes - 2019**

Application Form No.

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 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

