





**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 PGP - AIET 2016 : \_\_\_\_\_ Out of 200, i.e. \_\_\_\_\_ %

2. Rank in the Merit List : \_\_\_\_\_

3. Rank in subject wise merit list : \_\_\_\_\_

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



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

Application Form No.

Unattested  
Recent Photograph  
of the Candidate  
taken within  
last six months

Seat No. PGP - AIET/ \_\_\_\_\_ /2016

Name of the Candidate : \_\_\_\_\_

Address & Telephone No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Entrance Test Date : 30/06/2016

Entrance Test Time :

Entrance Test Centre:

**Competent Authority**