



PRAVARA INSTITUTE OF MEDICAL SCIENCES

(Deemed to be University)

Application Form for PIMS-AICET-ASPG 2019

Instructions : ❖ Refer Annexure A in the prospectus before completing the form
❖ Write in the boxes with **Black Ball Point Pen** in **CAPITAL LETTERS**

1. Name of the Candidate (Write within the boxes)

Surname :

First Name :

Father's/ Husband's Name :

Mother's Name :

2. Candidate's complete address for correspondence :

State:

PIN:

3. Photograph of the Candidate

Paste 3.5 cm x 4.5 cm size recent Colour Photograph, should be attested by Gazetted Officer or the Principal

4. Contacts :

STD code

Tel. No.

Mobile

E-mail

5. Date of Birth:

Day

Month

Year

6. Gender

Male

Female

7. Category

Open Category

Reserve Category

8. Choice of Course :

MPT

M.Sc. (Nursing)

9. Choice of Center for Examination : (Chose any One)

Navi Mumbai

Loni

(Do not separate / cut Hall Ticket from Application Form)



Pravara Institute of Medical Sciences (Deemed to be University)

Loni - 413 736, Tal : Rahata, Dist : Ahmednagar, (MS)

Hall Ticket for PIMS-AICET-ASPG 2019

Name :

Address:

PIN

Application Form No.

Hall Ticket No.

Date of Examination
Saturday - 29.06.2019

Time of Examination
02.00 PM to 05.00 PM

Competent Authority
PIMS-AICET-ASPG 2019

Photograph of the Candidate

Paste 3.5 cm x 4.5 cm size recent Photograph

Candidate's Signature

10. Whether admitted & pursuing postgraduate Course : <input type="radio"/> Yes <input type="radio"/> No																																								
11. Name of the Qualifying Examination																																								
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12. Name of the Board / University of Qualifying Examination																																								
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13. Result of Qualifying Examination : <input type="radio"/> Passed <input type="radio"/> Appeared																																								
14. Marks Obtained in the Qualifying Examination																																								
	I Year	II Year	III Year	IV / Final Year																																				
Marks Obtained																																								
Percentage																																								
Year of Passing																																								
15. For MPT only		Date of Completion of Internship / Likely to be completed																																						
IAP Registration	State Council Registration																																							
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25px; height:25px;"></td><td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td><td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td><td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td><td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td><td style="width:25px; height:25px;"></td> </tr> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td> <td style="text-align: center;">M</td><td style="text-align: center;">M</td> <td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> </table>													D	D	M	M	Y	Y	Y	Y	Y	Y																
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16. For M.Sc. Nursing only		Total working Experience																																						
INC Registration	State Council Registration																																							
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25px; height:25px;"></td><td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td><td style="width:25px; height:25px;"></td> </tr> <tr> <td style="text-align: center;">Years</td> <td style="text-align: center;">Months</td> <td style="text-align: center;">Years</td> <td style="text-align: center;">Months</td> </tr> </table>							Years	Months	Years	Months																												
Years	Months	Years	Months																																					
17. Details of Entrance Examination Fees paid :																																								
Mode of Payment <input type="radio"/> DD <input type="radio"/> Cash		DD No. / Receipt No.		Amount																																				
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Declaration :																																								
<p>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 at any stage of admission process my application form will be rejected and my claim for this admission will be forfeited.</p> <p>b) I have read and understood all the provisions contained in the prospectus and hereby agree to abide by these provisions.</p>																																								
Signature of Parent / Guardian			Signature of Candidate																																					

Note : ● Candidate studied from Indian board should not send any document / testimonial alongwith this Application form.
 ● Reserved Category candidate should attach Caste & Caste verification certificate alongwith this Application form.

INSTRUCTIONS FOR CANDIDATES

1. Candidate must preserve the Hall Ticket safely and produce the same as and when demanded.
2. In case of the loss of Hall Ticket, it shall be obligatory on the part of the candidate to obtain duplicate Hall Ticket from the centre in charge not later than two hours before the commencement of examination, on production of sufficient evidence to prove that he/she is the genuine/bonafide examinee (Receipt issued by the college authority and other document to prove his/her identity).
3. Candidate should occupy the seat in the examination hall at least Thirty minutes before the commencement of the examination.
4. Candidates are not allowed to take any books, notes, papers, cell phones, pagers and any other electronic gadget in the Examination Hall/Room.
5. Return the Test Booklet and Answer Sheet to the Invigilator at the close of the Examination.