



# Pravara Institute of Medical Sciences

(Deemed to be University)

Loni Bk. 413 736, Tal. Rahata, Dist. Ahmednagar, (MS)

NAAC Reaccredited with "A" Grade (CGPA 3.17)

## Application Form for AIPET-PIMS 2018

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

Surname:

First Name:

Father's/ Husbands Name:

Mother's Name:

2. Candidate's complete address for correspondence:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

State:

PIN:

3. Latest Passport size  
Photograph of  
Candidate with  
signature across

4. Contacts:

STD Code

Tel.No

Mobile

E-mail

5. Date of Birth:

 /  / 

6. Gender:

 Male Female

7. Category:

 Open Reserve

8. Adhar No.:

9. Faculty:

 Medical Dental Nursing Allied Health Sciences  
(Physiotherapy, Medical Biotechnology,  
Public Health)

10. Desire to Register in subject of: \_\_\_\_\_

11. Qualification Details:

Name of Master Degree : \_\_\_\_\_

Principal Subject : \_\_\_\_\_

Name of the University : \_\_\_\_\_

Year of Passing : \_\_\_\_\_

Attempt : First/ Second/ Third/ Fourth

Marks Obtained : / out of  
GPA/ Percentage : \_\_\_\_\_  
Grade if any : \_\_\_\_\_

12. Details of Entrance Examination Fees Paid:

Mode of Payment:  DD  Cash  
DD No./ Receipt No.            Amount

13. Declaration :

- 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.
- b) I have read and understood all the provisions contained in the prospectus and hereby agree to abide by these provisions.
- c) I further declare that I fulfill all conditions of eligibility regarding educational qualification prescribed for taking this Ph. D. Entrance Examination.
- d) I have enclosed the attested copies of Certificate (s) of being SC, ST, OBC, DT/ NT/ VH (Physically or visually handicapped), and the qualifying degree certificate & statement of marks of P. G. Level.
- e) I have noted that if my application is found to be incomplete/ defective/ ineligible, it will be summarily rejected and no correspondence in this regard will be made.

Place: \_\_\_\_\_

Date: / /2018

Signature of Candidate

**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.
6. All details are available on university website [www.pravara.com](http://www.pravara.com)

