KLE UNIVERSITY

Established under Section 3 of the UGC Act, 1956 vide MHRD, G.O.I Notification No.F.9-19/2000-U.3(A) dt. 13th April 2006

APPLICATION FORM FOR ADMISSION TO 2010-11 MD/MS/DIPLOMA & MDS COURSES TO NRI / FOREIGN MANAGEMENT QUOTA

APPLICATION FORM

APPLICATION NO.

- To be filled in **BLOCK / CAPITAL LETTERS** only.
- Please read the instructions carefully given in the brochure before filling in the Application form.
- **If NOT FILLED as prescribed and if left thumb impression & signatures not provided, the Application Form will be rejected.**
- **"Print out" of the application form should be taken on A4 Size Paper only.**

1. Candidate's Name : (As given in class SSLC / 10th Certificate)

2. Father's/Mother's Name :

3. Gender

Male ☐ **Female** ☐

4. Date of Birth

D D M M Y Y Y Y

5. Candidate's Photo

Paste your recent colour and attested passport size photograph here along with date

7a. Address for Communication

7b. PIN

8 a.Permanent Address

8b. PIN

6. Candidate's Signature

9. State

10.E-mail (compulsory)

11. Telephones

STD Code Telephone

(Note : For communication purpose, it is absolutely necessary to give telephone and/or mobile no.)

Mobile

12. Course intending to apply **Medical** ☐ **Dental** ☐

13. Details of Demand Draft :

D. D. No. **Amount in Rs.** **Date of Issue** **D D M M Y Y Y Y**

Name of the Drawee Bank

Educational Details:

14. **Qualifying Exam Passed:** **MBBS** ☐ **BDS** ☐ **Others** ☐

If others, specify: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

15. **Month/Year of Passing:** ☐☐ / ☐☐☐☐

16. **University:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

17. **College studied** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

18. **Completed/would be completing internship by 30/04/2010:** **Yes** ☐ **No** ☐

If already completed Internship, mention the month / year of completion ☐☐ / ☐☐☐☐

19. **Enclosed copies of marks card from First to Final year of the qualifying examination :**

Declaration

We hereby declare that the particulars given in this application form are true to the best of our knowledge and belief

----------	Date:_____		
	Place: Belgaum		
Name & Signature of Parent / Guardian		Signature of Candidate	Left Thumb Impression of Candidate