

## **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 2021**

|     | Name of the Candidate (Write within the boxes)  |       |      |               |     |              |     |          |             |       |       |        |             |
|-----|---|-------|------|---------------|-----|--------------|-----|----------|-------------|-------|-------|--------|-------------|
|     | Surname:  | Firs  | t Na | ime:          |     |              |     |          |             |       |       |        |             |
|     | Father's/ Husbands Name:                        | Mo    | ther | 's N          | ame | :            |     |          |             |       |       |        |             |
|     |   |       |      |               |     |              |     |          |             |       |       |        |             |
| 2.  | Candidate's complete address for correspondence | :     |      |               |     |              |     |          |             |       |       |        |             |
|     |   |       |      |               |     | _            |     |          |             |       |       |        |             |
|     |   |       | +    |               | -   |              |     | <u> </u> |             |       |       |        |             |
|     |   |       | +    |               |     |              |     |          |             |       |       |        |             |
|     |   |       | +    |               |     |              |     | 3.       | Late        | st P  | assp  | ort si | ize         |
|     | State:  |       |      |               |     |              |     |          |             |       | graph |        |             |
|     | PIN:  |       |      |               |     | <del>-</del> |     |          |             |       | ate v |        |             |
| 4.  | Contacts:                                       |       |      |               |     |              |     |          | sign        | ıatuı | re ac | ross   |             |
| ٦.  | STD Code Tel.No                                 |       |      |               |     |              |     |          |             |       |       |        |             |
|     | Mobile  |       |      |               |     |              |     |          |             |       |       |        |             |
|     | E-mail  |       |      |               |     |              |     |          |             |       |       |        |             |
| 5.  | Date of Birth: 6. C                             | Gende | er.  |               |     |              |     |          |             |       |       |        |             |
| ٥.  |   |       | Male | ;             |     |              |     | Fem      | ale         |       |       |        |             |
| 7.  |   | Adhai | · No | <u>.: _</u>   |     | -            |     |          |             |       |       |        | _           |
|     | Open Reserve                                    |       |      |               |     |              |     |          |             |       |       |        |             |
| 9.  | Faculty:  | - F   |      |               |     |              | . ~ |          |             |       |       |        |             |
|     | Medical   Dental   Nursing                      |       | _    | Allio<br>(Phy |     |              |     |          | ces<br>ical | Rio   | tech  | nolo   | σv          |
|     |   |       |      | Pub           |     |              |     | IVICO    | icui        | Dio   | teen  | 11010  | <i>5</i> ), |
| 10. | Desire to Register in subject of:               |       |      |               |     |              |     |          |             |       |       |        |             |
| 11. | Qualification Details:                          |       |      |               |     |              |     |          |             |       |       |        |             |
|     | Name of Master Degree :                         |       |      |               |     |              |     |          |             |       |       |        | _           |
|     | Principal Subject :                             |       |      |               |     |              |     |          |             |       |       |        | _           |
|     |   |       |      |               |     |              |     |          |             |       |       |        |             |
|     | Name of the University:                         |       |      |               |     |              |     |          |             |       |       |        | _           |
|     | Name of the University:  Year of Passing:       |       |      |               |     |              |     |          |             |       |       |        | _           |

|  | Iarks Obtained   | : / 0   | out of   |  |   |  |  |
|--|--|---|--|--|---|--|--|
| G  | PA/ Percentage   | :   |  |  |   |  |  |
| G  | rade if any  | :   |  |  |   |  |  |
| 12. D                                      | etails of Entrance Exa   | amination F   | ees Paid:  |  |   |  |  |
| ]  | Mode of Payment:   | DD  | Cash   | l  |   |  |  |
| ]  | DD No./ Receipt No.  |   |  |  | Amount  |  |  |
| <ul><li>a)</li><li>b)</li><li>c)</li></ul> | I hereby declare that am aware that if an admission process n forfeited.  I have read and undabide by these provice I further declare the prescribed for taking I have a real-read the prescribed for taking I have the prescribed f | ny informati<br>my applicati<br>derstood all<br>isions.<br>nat I fulfill<br>g this Ph. D. | on herein i<br>on form wi<br>I the provis<br>all conditi<br>Entrance E | s found to<br>ll be rejected<br>ions contain<br>ons of eligonamination | be incorrect of<br>ed and my cla<br>ned in the pro-<br>gibility regards | or incomplim for this ospectus a ing educa | lete at any stage of<br>s admission will be<br>and hereby agree attional qualification |
|  | I have enclosed the (Physically or visua of P. G. Level.   | ally handica  | pped), and   | the qualifyi   | ng degree cert  | tificate &                                 | statement of marl  |
| e)   | I have noted that if summarily rejected a  | • • •   |  |  |   |  | neligible, it will b   |

## **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