| 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 NO.                    |  |
|---|------------------------------------|--|
| APPLICATION FORM FOR ADMISSION TO MD/MS/DIPLOMA &<br>MDS COURSES TO NRI / FOREIGN STUDENTS<br>APPLICATION FORM  |                                    |  |
| <ul> <li>To be filled in BLOCK / CAPITAL LETTERS only.</li> <li>Please read the instructions carefully given in the brochure before filling in the Application form.</li> <li>If NOT FILLED as prescribed and if left thumb impression &amp; signatures not provided, the Application Form will be rejected.</li> <li>"Print out" of the application form should be taken on A4 Size Paper only.</li> </ul> |                                    |  |
| 1. Candidate's Name : (As given in class SSLC / 10 <sup>th</sup> Certificate)   |                                    |  |
| 2. Father's/Mother's Name :   |                                    |  |
|   |                                    |  |
| 3. Gender 4. Date of Birth 5. C   | Candidate's Photo                  |  |
| Male     Female     D     M     Y     Y     Y   |                                    |  |
| 7a. Address for Communication   Pa  | aste your recent colour            |  |
|   | attested passport size             |  |
|   | photograph here<br>along with date |  |
|   | along with date                    |  |
| 7b. PIN   |                                    |  |
| 8 a.Permanent Address   |                                    |  |
|   |                                    |  |
|   |                                    |  |
| 8b. PIN 6. Ca   | andidate's Signature               |  |
| 9. State  |                                    |  |
| 10.E-mail   |                                    |  |
| (compulsory)  |                                    |  |
| 11. Telephones     STD Code     Telephone   |                                    |  |
| (Note : For communication purpose,<br>it is absolutely necessary to give<br>telephone and/or mobile no.)  |                                    |  |
| 12. Course intending to apply Medical Dental  |                                    |  |
| 13. Details of Demand Draft :   Date of Issue   |                                    |  |
| D. D. No. Amount in Rs. D D M M 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 30/04/2008: 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 :   |  |
|                      | <b>Declaration</b><br>We hereby declare that the particulars given in this application form are true to the best of our knowledge and belief |  |
| Γ                    | Date:  |  |
|                      | Place: Belgaum   |  |
| L                    | Name & Signature of<br>Parent / Guardian     Signature of Candidate     Left Thumb Impression of Candidate                                   |  |
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