

ADMISSION SESSION - 2012-13

KARAGANDA STATE MEDICAL UNIVERSITY (KAZAKHSTAN)

INTERNATIONAL EDUCATION PROGRAM CENTER

G-52, LAJPAT NAGAR-III, NEW DELHI-110024

PHONE - 09810025733, 09717096990 , 011- 29841319

Email id: - ksmuindia@gmail.com

Website: - www.indiaksmu.org , www.deepaksinghworld.com



5 YEARS M.B.B.S DEGREE COURSE

RECOGNIZED BY M.C.I & W.H.O

Name as per Degree/
School Certificate

Father's/Mother's Name

Correspondence Address.....

.....Tel. No. off/Res.....

E-mail ID.....

Permanent Address.....

.....

Name of the person
for contact & Phone No.

Date of Birth Birth Place Sex M F

Date Month Year

University Last Attendance

Educational Qualification : (Enclose attested photocopies-Incomplete Applications Will be rejected)

S. No.	Examination Passed	Year	% of Marks	University
	Matric / S.S.C.			
	10+2 / Inter			
	B.A. / B.Sc. / B. Com.			
	M.A. / M.Com. / M.Sc.			
	Additional Qualification			

Admission forfor the

As regular / correspondent student.....

Mode of Examination

A. At Delhi Centre (Head Office)

B. At Home Examination Centre

Affix
Latest Passport Size
Photograph
Enclose Two
Photographs

DECLARATION BY THE APPLICANT

1. I hereby submit my application for admission to Karaganda State Medical University (Kazakhstan).
2. I understand that the final degree certificate and official transcript will be issued by Karaganda State Medical University (KAZAKHSTAN) as the University is legally established under the World Health Organization & Medical Council of India.
3. I have not Paid any donation / caption fee in any form towards admission to the Karaganda State Medical University (KAZAKHSTAN) Courses and I am paying the fees in installment as the course Progresses.
4. I also understand that once paid, will not be refunded under any circumstances.

Place: -

SIGNATURE OF APPLICANT

Date : -

SIGNATURE OF DIRECTOR

SIGNATURE OF REGISTRAR