

FATHER MULLER COLLEGE OF NURSING

(Affiliated to Rajiv Gandhi University of Health Sciences & Recognized by the Indian Nursing Council)

A Unit of Father Muller Charitable Institutions

Father Muller Road, Kankanady Post, Mangalore – 575 002.

For Office use only
Amount: Rs. 400/-
DD. No.:
Bank:

Application No.09BS

Application for admission to **Four Year B.Sc. Nursing Degree Course** for the academic year 2009-2010. To be filled in by the candidate herself/himself. **Those appearing for PUC Examination this year may also apply.** However send the **Mark list immediately after the result is announced.** (for female unmarried candidates only)

Last date for receipt of filled application to the Office 30th May 2009

From:

(IN BLOCK LETTERS) Name & Full Address.

Telephone No.

Affix here your
latest Photograph
duly attested

To:

The Admission Officer
Father Muller College of Nursing
Father Muller Charitable Institutions
P.B.No. 501, Kankanady,
MANGALORE - 575002.
Hospital Telephone:0824/2238000
College of Nursing: 0824/2438906, Extn.8320, 8324
Fax: 0824/2438906
E-mail: fathermullercon@rediffmail.com

DECLARATION BY THE CANDIDATE

I hereby state that I have filled this form myself and all the information given in this application form are true to the best of my knowledge.

I have read and understood its prospectus and I hereby undertake to abide by all the rules and regulations mentioned in the Prospectus of Father Muller College of Nursing for the four years B.Sc. Nursing Degree Course for the year 2009-2010.

I also agree to follow the discipline of the college and hostel and promise not to indulge in any form of indiscipline that will brings down the name of the Institution, College of Nursing and Nursing Profession.

Signature of the Candidate

Dated: -----

Signature of the Parent/Guardian

Name & Address-----
(Relationship) -----

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PERSONAL DATA

- 1. Name of the Applicant in full
(Block letters)As per S.S.L.C. Record :
- 2. Full Name of Father/Mother/Guardian :
- 3. Address :

- 4. Name of the Parish and Telephone No. :
- 5. Sex :
- 6. Age & Date of Birth :
- 7. Religion :
- 8. Denomination/Caste
a) Catholic b) Protestant c) Jacobite d) Marthomite :
- 9. Nationality :
- 10. State to which you belong :
- 11. Years of domicile :
- 12. Mother Tongue :
- 13. Languages know to speak :
- 14. Approximate Annual Income of the family :
- 15. Health Condition & any history of chronic
illness or Physical handicap :
- 16. Permanent Address : -----

Pin code -----
- 17. Address to which correspondence has to be sent : -----

Pin code -----
- 18. Telephone No. : (R) ----- (O) ----- Mobile -----
S.T.D. Code :
Fax :
E-mail :

BRIEF FAMILY HISTORY						
NAME	Age	Living/ dead	Qualification	Occupation	Income	Health Status
Father/ Guardian:						
Mother:						
Brothers/Sisters:						
1.						
2.						
3.						
4.						
5.						

N.B.: 1. please indicate the names of parents and siblings in the columns given above.
2. Strike off what is not applicable.

ATTESTED COPIES OF CERTIFICATES AND OTHER ENCLOSURES REQUIRED: (Do not enclose originals)

- a. Nationality and Domicile Certificate if there is change of domicile.
- b. Marks Card : SSLC Marks Card
XII Std. / II P.U.C
Higher qualification if any
- c. Medical fitness Certificate from a registered Medical Practitioner.
- d. Character Certificate from the head of the Institution where last attended.
- e. One self addressed envelope with Rs.25/- stamp.

N.B: 1. Application accompanied by the above mentioned certificates only will be considered.

2. Last date for receipt of filled in application form will be 30 May 2009.

3. All the certificates should bear the same name, as per S.S.L.C. Certificate.

4. INDICATE IF N.R.I.(Non Resident Indians) SEAT IS DESIRED. YES/NO.

N.R.I seat can be obtained on payment of fees as per the Govt. norms even if the candidate or family is not