

FATHER MULLER COLLEGE OF NURSING

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



A Unit of Father Muller Charitable Institutions (FMCI)

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



Application No.:

Application for admission to **M.Sc. Nursing Degree Course** for the academic year 2012-2013. To be filled in by the candidate herself / himself.

Last date for receipt of filled in Application - 20th March 2012.

From:

(IN BLOCK LETTERS)

.....
.....
.....

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 - 575 002.

College of Nursing : 0824/2238320, 2438906
Hospital Telephone : 0824/223800 (30 lines)
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 informations given in this application form are true to the best of my knowledge.

I have read and understood the 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 M.Sc. Nursing Degree Course for the year 2012-13.

I also agree to follow the discipline of the College and promise not to indulge in any form of indiscipline that brings down the name of the Institution, College fo Nursing and Nursing Profession. I am willing to put in one year of service after the studies.

Signature of the Candidate

Dated:

.....
Signature of the Guardian / Guarantor

Name & Address

(Relationship)

.....

PERSONAL DATA

- 1. Name of the applicant in full :
(Block letters) As per S.S.L.C. Record
- 2. Full name of Father :
- 3. Address of Father / Guardian / Husband / Wife :
.....
.....
.....
- 4. Sex :
- 5. Age & Date of Birth :
- 6. Religion :
- 7. Denomination / Caste - Hindu/Muslim/Christian/Others
(Tick Mark that which is applicable)
a) Catholic b) Protestant c) Jacobite d) Marthomite :
- 8. Marital status :
- 9. Nationality :
- 10. State to which you belong :
- 11. Mother tongue :
- 12. Languages known to speak :
- 13. Approximate annual income of the family :
- 14. Health condition (mention if any history of chronic
illness or physical defect is present) :
- 15. Permanent address :
.....
.....
.....
PIN Code
- 16. Address to which correspondence has to be sent :
.....
.....
.....
PIN Code
- 17. Telephone No. : (R)
Mobile
- S.T.D. Code :
- FAX :

EDUCATIONAL QUALIFICATIONS

Examination / Course	Name of the Board/ University / Council	Name of the College / School	Year Passed Out	Duration	Aggregate in Percentage	Division of Pass
a) P.U.C. or equivalent examinations						
b) G.N.M.						
c) B.Sc./P.B.B.Sc. Nursing						
d) Others (Specify)						

- e) **REGISTRATION WITH NURSING COUNCIL** :
- | Registration Number | State | Date |
|---------------------|-------|------|
| | | |
| | | |
| | | |
- i) B.Sc. or PB B.Sc. Nursing
- ii) Specialization if any (Diploma/Refresher Course)
- f) Professional Association (T.N.A.I.)
Membership Number _____
- g) Total professional experience (total experience should not be even few days less than one complete year)
- h) **TYPE OF EXPERIENCE:**
- | Year | Duration in Months | Name & Nature of the Institution Govt./Private |
|------|--------------------|--|
| | | |
| | | |
| | | |
- Staff Nurse / Ward Incharge
 - Community Health Nursing, PHN, DPHN
 - Nursing Administration
 - Teaching in G.N.M. Course/B.Sc. Nursing ANM / MPHWH or any other
- i) **PRESENT POSITION:**
- a) Designation _____
- b) Name and address of the Institution _____
- c) Govt. / Semi. Govt. / Private _____
- j) **FINANCIAL RESOURCES:**
- Fellowship / Scholarship _____
 - Deputation _____
 - Self Support _____
- k) Do you need Hostel accommodation? Yes / No (Please tick mark what is applicable)

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

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

SELECTION OF NURSING SPECIALITY:

(Specify the Subject)

Choice 1

Duration of Experience in the field of choice

Choice 2

Duration of Experience in the field of choice

PHOTOSTAT ATTESTED ENCLOSURES REQUIRED: (Do not enclose originals)

- a. B.Sc. Nursing Degree Certificate (Basic or Post Basic)
- b. Registration Certificate of B.Sc. Nursing / PBB.Sc. Nursing
- c. Medical Fitness Certificate from a Registered Medical Practitioner.
- d. True copy of mark list of B.Sc./PBB.Sc. Nursing examination (if examination is held in parts separate mark list of all semesters should be enclosed)
- e. Character Certificate from the head of the Institution where last employed.
- f. Professional Experience Certificate for minimum one year after obtaining the degree indicating the Designation.
- g. Transcript of the B.Sc./PB B.Sc. Nursing Degree course.
- h. One self addressed envelope (size 6.5"x4.5") with Rs. 25/- Stamp.

N.B.: 1. Last date for receipt of filled in application form to the office will be 20th March 2012.

2. All the certificates should bear the same name, as per S.S.L.C. Certificate. If any change of name, it should be accompanied by an affidavit to the effect.
3. Application accompanied by the above mentioned certificates only will be considered.