

**FATHER MULLER COLLEGE OF ALLIED HEALTH SCIENCES,  
MANGALORE**

Father Muller Road, Mangalore 575 002.

Tel. No. 0824-2238331 Fax : 2436352

Email: [deanfmmc@yahoo.com](mailto:deanfmmc@yahoo.com) Website : [www.fathermuller.com](http://www.fathermuller.com)

Applications are invited for the following Courses for the academic year 2013-14:

<u>Sl. No.</u>	<u>Course</u>	<u>Last date to apply</u>
1.	<b><u>M.Sc. MLT:</u></b> 2 years course <b><u>Specialities:</u></b> (1) Microbiology and Immunology (2) Haematology and Blood Transfusion (3) Clinical Biochemistry <b><u>Eligibility:</u></b> A pass in B.Sc. MLT course from Institutions affiliated to RGUHS or from other Universities considered equivalent by RGUHS.	31.08.2013
2.	<b><u>Masters in Hospital Administration:</u></b> 2 years course <b><u>Eligibility:</u></b> Pass in any recognized Bachelors degree VIZ., MBBS, BDS, Nursing, B.Pharm, Allied Health Sciences OR Recognized Degree in Arts, Commerce, Law or Management with 50% marks in aggregate	31.08.2013

Applications can be downloaded from the website [www.fathermuller.com](http://www.fathermuller.com).

Completed Application Form along with a Demand Draft for Rs.500/- drawn in favour of Father Muller College of Allied Health Sciences payable at Mangalore should reach the Admission Officer, Father Muller Medical College, Father Muller Road, Kankanady, Mangalore 575002

**FATHER MULLER INSTITUTE OF HEALTH SCIENCES, MANGALORE**  
Father Muller Road, Kankanady, Mangalore 575 002.

**APPLICATION FOR ADMISSION TO PARA MEDICAL COURSE**  
**FOR THE ACADEMIC YEAR 2013-2014.**

**COURSE APPLIED FOR**

From :

.....  
.....  
.....  
Pin code .....

DD No. :  
Dated :  
Bank :

**DECLARATION BY THE CANDIDATE**

I hereby state that I have filled this form myself and to the best of my knowledge, the particulars given below are true. I have read and understood its Prospectus and undertake to abide by all the rules and regulations. I also agree to follow the discipline of the College and promise not to indulge in any form of activity that will bring down the name of the Institution:

.....  
**Signature of Parent/Guardian**

.....  
**Signature of Candidate**  
Date :

Name of the Parent /Guarantor: .....

1. Name of the Applicant in full:  
(BLOCK LETTERS)

2. Name of the Father

3. Name of the Mother

4. Date of Birth

Place of Birth

5. Sex :

6. Height

7. Weight:

8. Identification marks (1)  
(2)

9. Health Status – Any past illness

10. Passport No.:

11. Nationality:

12. State of Present Residence :

13. State of Domicile

14. Religion :

15. Caste:

16. Mother Tongue:

17. Blood Group

18. Languages known

Read						
Write						
Speak						

Stick  
Passport size  
photograph

19. Annual Income of the Family

20. Permanent Address : .....  
.....  
.....

21. Correspondence Address: .....  
.....  
.....

22. Telephone : (Res) STD Code : ..... Number : .....  
(Off) STD Code : ..... Number : .....  
(Fax) STD Code : ..... Number : .....  
Email id : .....

ACADEMIC RECORD *							
Course	Institution/ School	Year of Passing	Class	Marks		State of study	Country
				Max.	Obtained		
SSLC							
PUC / Degree							
	<u>Optional Subjects</u>						

- - Enclose attested copies of the marks cards
- - Enclose attested copy of Medical Fitness certificate

**BRIEF FAMILY HISTORY:**

	Name	Age	Health Status	Qualification/ Designation	Place of Work	Income
Father						
Mother						
Brothers/						
Sisters :						

Details of Extra Curricular Activities if any .....  
..... Hobbies .....