

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 (FMCI)

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



Application No.

Application for admission to **Two Year Post Basic B.Sc. Nursing Degree Course** for the academic year 2014-15. To be filled in by the candidate herself/himself.

Last date for receipt of filled application to the Office **26th May 2014.**

From:

Full Name & Address (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 - 575002.

College of Nursing

Hospital Telephone

Fax

E-mail

: 0824/2238320, 2438906, 2238324

: 0824/2238000 (30 lines)

: 0824/2438906

: 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 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 two years Post Certificate B.Sc. Nursing Degree Course for the year 2014-2015.

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 of Nursing Profession.

Dated:

Signature of the Candidate

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/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. Mother Tongue :
12. Languages known to speak :
13. Approximate Annual Income of the family :
14. Health Condition & any history of chronic
illness or Physical handicap :
15. Blood Group :
16. Permanent Address :
.....
.....
Pin code
17. Address to which correspondence has to be sent :
.....
.....
Pin code
18. Telephone No. : (R)
Mobile

S.T.D. Code :
Fax :
E-mail :

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.						
d) Others (Specify)						

e) REGISTRATION WITH NURSING COUNCIL:

Registration Number	State	Date

i) General Nursing

ii) Midwifery

ii) Specialization if any
(Diploma/refresher Course)

h) TYPE OF EXPERIENCE

- Staff Nurse / Ward Incharge
- Community Health Nursing, PHN, DPHN
- Nursing Administration

Year	Duration in Months	Name & Nature of the Institution Govt./Private

i) PRESENT POSITON:

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)

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

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

PHOTOSTAT ATTESTED ENCLOSURES REQUIRED: (Do not enclose originals)

- a. SSLC Marks Card.
- b. Diploma Certificate of GNM
- c. Registration Certificates of General Nursing and Midwifery
- d. Certificate of having passed P.U.C or its equivalent from a recognized University & Mark list.
- e. Medical fitness Certificate from a registered Medical Practitioner.
- f. Character Certificate from the head of the Institution where last employed/Studied.
- g. Transcript of the qualifying examination Certificate (G.N.M.)
- h. GNM Marks Cards.
- i. Certificate stating have working knowledge of English.
- j. One self addressed envelope with Rs.40/- stamp.
- k. Submit a Identification proof. (Voter ID / Pan Card / Passport / Driving Licence)

PLEASE NOTE: Last date for receipt of filled in application form will be 26th May 2014.

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