FATHER MULLER MEDICAL COLLEGE, MANGALORE (Christian Minority Institution)

Father Muller Road, Mangalore 575 002. Tel. No. 0824-2238331 Fax: 2436352 **Email**: deanfmmc@yahoo.com Website: www.fathermuller.com

ADMISSION NOTICE FOR M.Ch.(Urology) 2015

Applications are invited from the eligible candidates for admission for M.Ch. (Urology) course for the year 2015-2016:

Candidates applying should submit their application in the prescribed proforma given here below enclosing attested copies of marks card of the qualifying examination :

The Admission Officer, Father Muller Medical College, Father Muller Road, Kankanady, Mangalore 575 002.

Completed Application Form along with a Demand Draft for Rs.1000/-(Rupees one thousand only) drawn in favour of Father Muller Medical College payable at Mangalore should reach the College on or before 15.06.2015.

NOTE: ADMISSIONS ARE DONE DIRECTLY THROUGH THE ADMISSION OFFICER OF THE INSTITUTION. WE HAVE NO AGENTS/AGENCIES FOR ADMISSIONS IN OUR INSTITUTIONS.

21.05.2015

DEANFATHER MULLER MEDICAL COLLEGE,
MANGALORE

APPLICATION FOR M.Ch. (Urology) 2015-16

Name of the Applicant in full: (BLOCK LETTERS)					Stick Passport size photograph	
2. Name of the Father						
3. Nam	3. Name of the Mother					
4. Date	of Birth	Place of Birth		Se	ex:	
5. Ident	ification marks	(1) (2)				
6. Natio	nality:					
7. State	. State of Present Residence : 8. State of Domici					
9. Relig	ion :	10. Caste:	11.	Mother T	Tongue:	
12. Annual Income of the Family :						
13. Permanent Address :						
14. Correspondence Address:						
15. Telephone : (Res) STD Code :						
16. College where studied P.G. University:						
Year	<u> </u>	iality	Max. Marks	Marks Obtaine	Attempt	

Enclose attested copy of marks card.

SIGNATURE