

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

Father Muller Road, Mangalore 575 002.  
Tel. No. 0824-2238172 / 2238383 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 2015-16:

<b><u>Sl. No.</u></b>	<b><u>Course</u></b>	<b><u>Last date to apply</u></b>
1.	<b><u>B.Sc. Medical Laboratory Technology</u></b> - 3½ years including 6 months Internship. <b><u>Eligibility</u></b> : Pass in PUC / 10 + 2 with PCB	15.07.2015
2.	<b><u>B.Sc. Radiotherapy</u></b> - 3½ years including 6 months Internship. <b><u>Eligibility</u></b> : Pass in PUC / 10 + 2 with PCMB	15.07.2015
3.	<b><u>M.Sc. MLT</u></b> : 2 years course <b><u>Specialities</u></b> : (1) Microbiology and Immunology (2) Haematology and Blood Transfusion <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.	31.07.2015
4.	<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. Candidates who have passed B.Sc. degree also can apply.	31.07.2015

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 Road, Kankanady, Mangalore 575 002.

## COURSE APPLIED FOR

Pin code .....

Bank :

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**

Date :

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

- |       |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|
| Read  |  |  |  |  |  |  |
| Write |  |  |  |  |  |  |
| Speak |  |  |  |  |  |  |

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 .....