

# **ADMISSION 2012**

<b>FATHER MULLER MEDICAL COLLEGE, MANGALORE</b>
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Fr. Muller Road, Kankanady, Mangalore 575 002.  
Tel. No. 0824-2238331/2238330 Fax : 0824 – 2436352  
Email: [deanfmnc@yahoo.com](mailto:deanfmnc@yahoo.com) Website : [www.fathermuller.com](http://www.fathermuller.com)

Applications are invited for Master of Physiotherapy Course (M.P.T.)  
Course for the academic year 2012-2013 in the following speciality:

- |                             |                      |                        |
|-----------------------------|----------------------|------------------------|
| (1) Neurology               | (2) Musculo-skeletal | (3) Cardio-respiratory |
| (4) Community Physiotherapy | (5) Paediatrics      |                        |

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 575 002 on  
or before 31.03.2012.

**FATHER MULLER MEDICAL COLLEGE, MANGALORE**

Father Muller Road, Kankanady, Mangalore 575 002.

**APPLICATION FOR ADMISSION TO M.P.T. COURSE**  
**FOR THE ACADEMIC YEAR – 2012- 2013**

SPECIALITY 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						



19. Annual Income of the Family

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

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

21. 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		
			I BPT				
			II BPT				
			III BPT				
			IV BPT				

\* - Enclosed attested copies of the all the year marks cards

**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 .....