

FATHER MULLER MEDICAL COLLEGE, MANGALORE

(A unit of Father Muller Charitable Institutions)
Father Muller Road, Kankanady, Mangalore 575 002.

APPLICATION FOR ADMISSION TO M.B.B.S. COURSE UNDER
NRI QUOTA FOR THE ACADEMIC YEAR 2006-2007.

LAST DATE FOR RECEIPT OF APPLICATION 15.06.2006

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. Languages known

Read						
Write						
Speak						

18. Annual Income of the Family

19. Permanent Address :
.....
.....

20. Correspondence Address:
.....
.....

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

Stick
Passport size
photograph

ACADEMIC RECORD					
Class (I to XI)	Institution/ School	Year of Passing	Place of study	State	Country

XII / PUC Marks

Year	Subjects	Max. Marks	Marks Obtained	Percentage
	English			
	Physics			
	Chemistry			
	Biology			
	Botany			
	Zoology			

English, Physics, Chemistry	Total marks	
Biology or Botany / Zoology	Percentage	

ANY OTHER :

Course	Institution School/Board	Year/ Attempt	Subjects	Marks Obtained	Division Of Pass	Place of Study	Country
			Grand Total				
			Percentage				

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

BRIEF FAMILY HISTORY							
	Name	Age	Health Status	Qualification	Occupation/ Designation	Place of work	Income
Father							
Mother							
Brothers/							
Sisters							

Place :

Date : Signature of the ParentSignature of Candidate

- ENCLOSURES REQUIRED (ONLY ATTESTED COPIES)
1. S.S.L.C. Marks Card (for date of birth proof)

2. 10 + 2 / PUC Marks Card

3. Transfer Certificate issued from the Institution last attended

4. Conduct Certificate issued from the Institution last attended

5. Physical fitness and Blood group certificate from the registered Practitioner

6. NRI Declaration Form