

**FATHER MULLER MEDICAL COLLEGE**  
**(A Unit of Father Muller Charitable Institutions)**  
**Father Muller Road, Kankanady Post, Mangalore – 575 002.**  
Phone : 0824-2436301 – 7 lines, Fax : 0824-2437402, 2436352  
E-mail: muller@sancharnet.in Website: www.fathermuller.com

**For Office Use Only**

Amount :  
DD.No. :  
Bank :  
Category:  
Remarks :

**COURSE  
APPLIED**

**APPLICATION  
NO.**

(Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore)

**LAST DATE FOR RECEIPT OF APPLICATION 15-04-2006**

From :

.....  
.....  
.....

Pincode

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**Affix here your  
latest Photograph**

To :

**The Admission Officer**

**FATHER MULLER MEDICAL COLLEGE**

Father Muller Road, KANKANADY, MANGALORE – 575 002.

**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 mentioned in the Prospectus of F.M.M.C. for Allied Course for the academic year 2006-2007. 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 the Parent/Guardian*

.....  
*Signature of Candidate*

Name of the Parent / Guardian .....

Date: .....

Address : .....

**PERSONAL DATA**

\* Please fill in Block Letters

1. Name of the Applicant

2. Name of Father

3. Name of Mother

4. Date of Birth

5. Place of Birth

6. Sex :

7. Marital Status :

8. Name of the Spouse :

9. Height :

10. Weight :

11. Identification Marks

(1)

(2)

12. Health Status – Any Past Illness :

13. Passport No. : \_\_\_\_\_ 14. Nationality : \_\_\_\_\_

15. State to which you belong : \_\_\_\_\_ 16. State of Domicile : \_\_\_\_\_

17. Mother Tongue : \_\_\_\_\_

18. Language Known :	Read					
	Write					
	Speak					

19. Religion : \_\_\_\_\_ Caste : \_\_\_\_\_

20. Whether you belong to : SC ST BT

21. Annual Income of the Family : \_\_\_\_\_

22. Permanent Address : .....	23. Address to which correspondence has to be sent:
.....	.....
.....	.....
Pincode .....	Pincode .....

Telephone No. : (R) ..... (O) ..... Mobile .....

STD Code : ..... Fax : ..... E-mail : .....

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

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

..... Hobbies .....

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

- N.B. : 1. Application accompanied by Photostat copies mentioned in the Prospectus.
2. Do not enclose the original Certificate.