

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

Father Muller Road, Mangalore 575 002.
Tel. No. 0824-2238383 / 2238172 Fax : 2436352
Email: deanfmmc@yahoo.com Website : www.fathermuller.edu.in

Applications are invited for the following Courses for the academic year 2016-17:

<u>Sl. No.</u>	<u>Course</u>	<u>Last date to apply</u>
1.	<u>Bachelor of Physiotherapy (B.P.T.)</u> - 4½ years including six months Internship. <u>Eligibility</u> : Pass in PUC / 10 + 2 with 45% aggregate marks in PCB.	30.05.2016
2.	<u>B.Sc. Medical Laboratory Technology</u> - 3½ years including 6 months Internship. <u>Eligibility</u> : Pass in PUC / 10 + 2 with PCB	30.05.2016
3.	<u>B.Sc. Radiotherapy</u> - 3½ years including 6 months Internship. <u>Eligibility</u> : Pass in PUC / 10 + 2 with PCMB	30.05.2016
4.	<u>B.Sc. Medical Imaging Technology</u> - 3½ years including 6 months Internship. <u>Eligibility</u> : Pass in PUC / 10 + 2 with PCMB.	30.05.2016
5.	<u>M.Sc. MLT</u> : 2 years course <u>Specialities</u> : (1) Microbiology and Immunology (2) Haematology and Blood Transfusion (3) Clinical Biochemistry <u>Eligibility</u> : A pass in B.Sc. MLT course from Institutions affiliated to RGUHS or from other Universities considered equivalent by RGUHS.	30.05.2016
6.	<u>Masters in Hospital Administration</u> : 2 years course <u>Eligibility</u> : 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	30.05.2016

Candidates applying should submit their application in the prescribed proforma given here below.

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 INSTITUTE OF HEALTH SCIENCES, MANGALORE

Father Muller Road, Kankanady, Mangalore 575 002.

**APPLICATION FOR ADMISSION TO PARA MEDICAL COURSE
FOR THE ACADEMIC YEAR 2016-2017.**

COURSE APPLIED FOR

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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)

Stick Passport size photograph

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:
.....
.....

22. Telephone : (Res) STD Code : Number :
Student Phone Number:
Parent Phone Number:
Student Email id :
Parent Email id :

ACADEMIC RECORD *							
Course	Institution/ School	Year of Passing	Class	Marks		State of study	Country
				Max.	Obtained		
SSLC							
PUC / Degree							
	Optional Subjects						

- - 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