

**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](mailto:deanfmmc@yahoo.com) Website : [www.fathermuller.edu.in](http://www.fathermuller.edu.in)

Applications are invited for the following Courses for the academic year 2017-18:

| <b><u>Sl. No.</u></b> | <b><u>Course</u></b>  | <b><u>Last date to apply</u></b> |
|-----------------------|---|----------------------------------|
| 1.                    | <b><u>Masters in Hospital Administration:</u></b> 2 years course<br><b><u>Eligibility:</u></b> Pass in any recognized Bachelors degree VIZ., MBBS, BDS, Nursing, B.Pharm, Allied Health Sciences OR<br>Recognized Degree in Arts, Commerce, Law or Management with 50% marks in aggregate | 15.07.2017                       |

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

Completed Application Form along with a Demand Draft for Rs.750/- 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 2017-2018.**

COURSE 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 |  |  |  |  |  |  |

Stick  
Passport size  
photograph

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/<br>School | Year of<br>Passing | Class | Marks |          | State of<br>study | Country |
|                   |                        |                    |       | Max.  | Obtained |                   |         |
| SSLC              |                        |                    |       |       |          |                   |         |
| PUC /<br>Degree   |                        |                    |       |       |          |                   |         |
|                   | Optional Subjects      |                    |       |       |          |                   |         |
|                   |                        |                    |       |       |          |                   |         |
|                   |                        |                    |       |       |          |                   |         |
|                   |                        |                    |       |       |          |                   |         |
|                   |                        |                    |       |       |          |                   |         |

- - Enclose attested copies of the marks cards
- - Enclose attested copy of Medical Fitness certificate

**BRIEF FAMILY HISTORY:**

|           | Name | Age | Health<br>Status | Qualification/<br>Designation | Place of<br>Work | Income |
|-----------|------|-----|------------------|-------------------------------|------------------|--------|
| Father    |      |     |                  |                               |                  |        |
| Mother    |      |     |                  |                               |                  |        |
| Brothers/ |      |     |                  |                               |                  |        |
| Sisters : |      |     |                  |                               |                  |        |
|           |      |     |                  |                               |                  |        |
|           |      |     |                  |                               |                  |        |
|           |      |     |                  |                               |                  |        |

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