Applications are invited for the following Courses for the academic year 2019-20 subject to receiving permission orders from the Government / University, which is expected to receive soon:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Course</th>
<th>Last date to apply</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>B.Sc. Anaesthesia Technology</strong> - 3½ years including 6 months Internship.</td>
<td>15.06.2019</td>
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<td><strong>Eligibility</strong>: Pass in PUC / 10 + 2 with PCB</td>
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<td>2.</td>
<td><strong>B.Sc. Operation Theatre Technology</strong> - 3½ years including 6 months Internship.</td>
<td>15.06.2019</td>
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<td><strong>Eligibility</strong>: Pass in PUC / 10 + 2 with PCB</td>
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<td>3.</td>
<td><strong>B.Sc. Renal Dialysis Technology</strong> - 3½ years including 6 months Internship.</td>
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<td><strong>Eligibility</strong>: Pass in PUC / 10 + 2 with PCB</td>
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<tr>
<td>4.</td>
<td><strong>M.Sc. (Radiation Physics)</strong>:  2 years course</td>
<td>30.06.2019</td>
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<td></td>
<td><strong>Eligibility</strong>: Candidates who have passed final year of B.Sc., Science stream examination with Physics as major subject with 60% marks.</td>
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</table>

Candidates applying should submit their application in the prescribed proforma given here below. Candidates awaiting results can also apply for the Sl.No. (4).

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

COURSE APPLIED FOR

From :

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

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

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

Pin code ......................................................

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:
6. Identification marks (1)  
   (2)
8. Health Status – Any past illness
9. Passport No.:     11. Nationality:
14. Religion :     15. Caste:
16. Mother Tongue:  
17. Blood Group
18. Languages known
   Read
   Write
   Speak

DD No. :

Dated :

Bank :

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: ..............................................................

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<th>Year of Passing</th>
<th>Class</th>
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</table>

- Enclose self attested copies of the marks cards
- Enclose self attested copy of Medical Fitness certificate from Govt. doctor

BRIEF FAMILY HISTORY:

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<tr>
<th></th>
<th>Name</th>
<th>Age</th>
<th>Health Status</th>
<th>Qualification/Designation</th>
<th>Place of Work</th>
<th>Income</th>
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<td>Sisters:</td>
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Details of Extra Curricular Activities if any .........................................................
........................................................................... Hobbies .........................................................