



FATHER MULLER COLLEGE OF NURSING

(Affiliated to Rajiv Gandhi University of Health Sciences & Recognized by the Indian Nursing Council)

Accredited by NAAC with 'A' Grade

A Unit of Father Muller Charitable Institutions (FMCI)

Father Muller Road, Kankanady Post, Mangaluru – 575 002

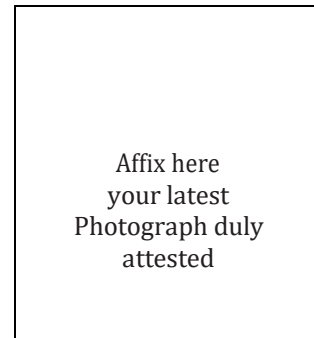


APPLICATION NO: _____

Application for admission to **Four year Basic B. Sc. Nursing Degree Course** for the academic year 2019-20. To be filled in by the candidate herself. **Those appearing for PUC Examination this year may also apply. However send the Mark List immediately after the result is announced.**

Last date for receipt of filled application to the Office 25th May 2019.

Name and Address of the Candidate:



Telephone No. _____

Mobile No: _____

To:

The Admission Officer
Father Muller College of Nursing
Father Muller Charitable Institutions
P.B.No. 501, Kankanady,
MANGALURU - 575002.

College of Nursing: 0824-2238324, 2438906, 2238320
Hospital Telephones: 0824-2238000 (30 lines)
Fax: 0824-2438906
E-mail: fathermullercon@rediffmail.com
fathermullercon@fathermuller.in
Web : www.fathermuller.edu.in

DECLARATION BY THE CANDIDATE

I hereby state that I have filled this form myself and all the information given in this application form is true to the best of my knowledge.

I have read and understood its prospectus and I hereby undertake to abide by all the rules and regulations mentioned in the Prospectus of Father Muller College of Nursing for the four years Basic B.Sc. Nursing Degree Course for the year 2019-20.

I also agree to follow the discipline of the college and promise not to indulge in any form of indiscipline that brings down the name of the Institution, College of Nursing and nursing Profession.

Dated: _____

Signature of the Candidate

Signature of the Parent/Guardian

Name & Address _____

(Relationship) _____

PERSONAL DATA

1. Name of the Applicant in full
(Block letters) As per **S.S.L.C. Record** :
 2. Full Name of Father :
 3. Full Name of Mother :
 4. Permanent Address : _____

 5. Gender :
 6. Age & Date of Birth :
 7. Religion & Sub Caste :
 8. Denomination/Caste
Catholic/Protestant/ Jacobite/Marthomite :
 9. Nationality :
 10. State to which you belong :
 11. Mother Language :
 12. Languages known to speak :
 13. Blood Group :
 14. Aadhar Number :
 15. Health Condition (mention if any history of chronic
illness or Physical defect is present) :
 16. Address to which correspondence has to be sent : _____

- Pin code _____
17. Telephone No. : (R) _____
Mobile _____
 18. E-mail :

ACADEMIC RECORD

| CLASS (I to XII) | Institution/ School | Year | Place of Study | State | Country |
|---------------------|---------------------|------|----------------|-------|---------|
| I | | | | | |
| II | | | | | |
| III | | | | | |
| IV | | | | | |
| V | | | | | |
| VI | | | | | |
| VII | | | | | |
| VIII | | | | | |
| IX | | | | | |
| X | | | | | |
| XI | | | | | |
| XII | | | | | |

XII / PUC Marks

| Subject | Max Marks | Marks Obtained | Percentage |
|--------------|--------------|-------------------|------------|
| Physics | | | |
| Chemistry | | | |
| Biology | | | |
| TOTAL | | | |

ANY OTHER:

| Course | Institution School/Board | Year/ Attempt | Subjects | Marks Obtained | Division Of pass | Place of Study | Country |
|--------|-----------------------------|------------------|----------|-------------------|---------------------|-------------------|---------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Details of Extra Curricular Activities if any _____

Hobbies _____

Do you need Hostel accommodation?: Yes / No Please tick (√) mark

BRIEF FAMILY HISTORY

| | NAME | Age | Living/ Dead | Qualification | Occupation | Income | Health Status |
|------------------------------|-------------|------------|-------------------------|----------------------|-------------------|---------------|--------------------------|
| Father/Husband/ Guardian: | | | | | | | |
| Mother/Wife: | | | | | | | |
| Brothers/Sisters: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

P.N.: 1. Indicate the names of parents and siblings in the columns above.

2. Strike off what is not applicable.

**ATTESTED COPIES OF CERTIFICATES AND OTHER ENCLOSURES REQUIRED:
(Do not enclose originals)**

a. Marks Card : SSLC Marks Card

XII Std. / II P.U.C

Higher qualification if any

b. Transfer Certificate

c. Migration Certificate (Non Karnataka students)

d. Medical fitness Certificate from a registered Medical Practitioner.

e. One self addressed envelope with Rs.42/- stamp.

f. Submit a Identification proof (Voter ID/ Pan Card/ Passport/Driving License/ **Aadhar Card**)

N.B: 1. Application accompanied by the above mentioned certificates only will be considered.

2. Last date for receipt of filled in application form will be 25th May 2019.

3. All the certificates should bear the same name, as per S.S.L.C. Certificate.

4. INDICATE IF N.R.I.(Non Resident Indians) SEAT IS DESIRED. YES / NO.

N.R.I seat can be obtained on payment of NRI fees even if the candidate or family is not N.R.I.