



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 **M. Sc. Nursing Degree Course** for the academic year 2019-20. To be filled in by the candidate herself/himself.

Name and Address of the Candidate:

Telephone No: -----

Mobile No: -----

Affix here
your latest
Photograph duly
attested

To:

The Admission Officer
Father Muller College of Nursing
Muller Charitable Institutions
P. B. No. 501, Kankanady, Fax: 0824-2438906
MANGALURU - 575002.

College of Nursing: 0824-2238324, 2438906, 2238320 Father
Hospital Telephones: 0824-2238000 (30 lines)

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 forms are 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 two years M.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. Marital Status :
- 10. Nationality :
- 11. State to which you belong :
- 12. Mother Language :
- 13. Languages known to speak :
- 14. Blood Group :
- 15. Aadhar Number :
- 16. 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 :

EDUCATIONAL QUALIFICATIONS

Examination/ Course	Name of the Board/ University/Council	Name of the College/School	Year Passed Out	Duration	Aggregate in Percentage	Division of Pass
a) P.U.C or equivalent examinations						
b) G.N.M.						
c) B.Sc./P. B B. Sc Nursing						
d) Others Specify						

REGISTRATION WITH NURSING COUNCIL:

- i) B. Sc or P B B. Sc Nursing
- ii) Specialization if any (Diploma/refresher Course)
- f) Professional Association (T.N.A.I.) Membership Number
- g) Total professional experience (Total experience should not be even few days less than one complete year)

Registration Number	State	Date

TYPE OF EXPERIENCE :

- Staff Nurse / Ward Incharge
- Community Health Nursing, PHN,DPHN
- Nursing Administration
Teaching in G.N.M Course/B.Sc. Nursing

Year	Duration in Months	Name & Nature of the Institution Govt./Private

PRESENT POSITION:

- a) Designation
- b) Name and address of the Institution
- c) Govt./Semi Govt./Private

FINANCIAL RESOURCES:

- Fellowship / Scholarship
- Deputation
- Self Support

Do you need Hostel Accommodation? Yes / No (Please tick mark what is applicable).

BRIEF FAMILY HISTORY

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

: Please indicate the names of parents and siblings in the columns given above. Strike off what is not applicable.

SELECTION OF NURSING SPECIALTY:

(Specify the subject)

Choice 1 -----

Duration of Experience in the field of choice ----- Choice 2 -----

Duration of Experience in the field of choice -----

PHOTOSTAT ATTESTED ENCLOSURES REQUIRED: (Do not enclose originals)

- a. SSLC mark list
- b. XII mark list
- c. B.Sc.Nursing Degree Certificate (Basic or Post Certificate).
- d. Registration Certificate of B.Sc. Nursing/P B B.Sc. Nursing. (Candidates other than Karnataka state should be Registered under Karnataka Nursing Council)
- e. Transfer Certificate of B.Sc. Nursing/P B B.Sc. Nursing.
- f. Migration Certificate (Non Karnataka only)
- g. Medical Fitness Certificate from a Registered Medical Practitioner.
- h. True copy of mark list of B.Sc./ P B B.Sc. Nursing examination (if examination is held in parts separate mark list of all semesters should be enclosed)
- i. Character Certificate from the head of the Institution where last employed.
- j. Professional Experience Certificate for minimum one year after obtaining the Degree indicating the Designation.
- k. One self addressed envelope with Rs.42/- Stamp.
- l. Submit a Identification proof (Passport/ Aadhar Card)

P.N.:

1. All the certificates should bear the same name, as per S.S.L.C. Certificate. If any change of name, it should be accompanied by an affidavit to the effect.
2. Application accompanied by the above mentioned certificates only will be considered.