

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

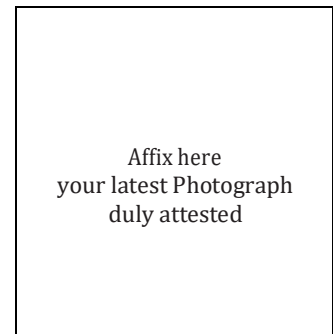
Application No. _____

Application for admission to **Two Year Post Basic B.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
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's given in this application form 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 year's Post 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. 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 | Aggregate in Percentage | Division of Pass |
|--|--|-------------------------------|-----------------------|----------------------------|---------------------|
| a) P.U.C or equivalent examinations | | | | | |
| b) G.N.M. | | | | | |
| c) Others Specify | | | | | |

REGISTRATION WITH NURSING COUNCIL:

- i) General Nursing
- ii) Midwifery
- iii) Specialization if any
(Diploma/refresher Course)

| Registration Number | State | Date |
|---------------------|-------|------|
| | | |
| | | |
| | | |

Professional Association (T.N.A.I.) Membership
Number

TYPE OF EXPERIENCE IF ANY:

- Staff Nurse / Ward Incharge
- Community Health Nursing, PHN,DPHN
- Nursing Administration

| 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)

BRIEF FAMILY HISTORY

| | NAME | Age | Living/ Dead | Qualification | Occupation | Income | Health Status |
|------------------------------|------|-----|-----------------|---------------|------------|--------|------------------|
| Father/Husband/ Guardian: | | | | | | | |
| Mother/Wife: | | | | | | | |
| Brothers/Sisters: | | | | | | | |
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P.N.: Please indicate the names of parents and siblings in the columns given above. Strike off what is not applicable.

PHOTOSTAT ATTESTED ENCLOSURES REQUIRED: (Do not enclose originals)

- a. SSLC Marks Card.
- b. P.U.C or its equivalent from a recognized University Marklist.
- c. Transfer Certificate of GNM.
- d. Registration Certificates of General Nursing and Midwifery **(Candidates from states other than Karnataka should be Registered under Karnataka Nursing Council)**
- e. Diploma Certificate of General Nursing & Midwifery
- f. GNM Marks Cards
- g.** Migration Certificate (**Non Karnataka only**)
- h. One self addressed envelope with Rs.42/- stamp.
- i. Submit Identification proof (Passport/Aadhar Card)

- N.B.:**
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.