



# 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, Mangalore – 575 002



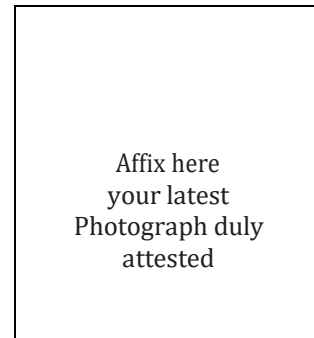
**APPLICATION NO: \_\_\_\_\_**

Application for admission to **Four year Basic B. Sc. Nursing Degree Course** for the academic year 2018-19. 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 25<sup>th</sup> May 2018.**

**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,  
MANGALORE - 575002.

College of Nursing: 0824-2238324, 2438906, 2238320  
Hospital Telephones: 0824-2238000 (30 lines)  
Fax: 0824-2438906  
E-mail: [fathermullercon@rediffmail.com](mailto:fathermullercon@rediffmail.com)  
[fathermullercon@fathermuller.in](mailto:fathermullercon@fathermuller.in)  
Web : [www.fathermuller.edu.in](http://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 2018-19

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 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 :  
a) Catholic b) Protestant c) Jacobite d) Marthomite
  9. Nationality :
  10. State to which you belong :
  11. Mother Language :
  12. Languages know 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			
<b>TOTAL</b>			

### 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
- d. Medical fitness Certificate from a registered Medical Practitioner.
- e. Character Certificate from the head of the Institution where last attended.
- f. One self addressed envelope with Rs.41/- stamp.
- g. 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 25<sup>th</sup> May 2018.**

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.**