



# 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 **M. Sc. Nursing Degree Course** for the academic year 2017- 18.  
To be filled in by the candidate herself/himself.

**Name and Address of the Candidate:**

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Affix here  
your latest  
Photograph duly  
attested

**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)  
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 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 2017-2018.

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

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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. Full Address : -----  
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5. Sex :
6. Age & Date of Birth :
7. Religion & SubCaste :
8. Denomination/Caste  
a) Catholic b) Protestant c) Jacobite d) Marthomite :
9. Marital Status :
10. Nationality :
11. State to which you belong :
12. Mother Tongue :
13. Languages know to speak :
14. Blood Group :
15. Health Condition (mention if any history of chronic  
illness or Physical defect is present) :
16. Permanent Address : -----  
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Pin code -----
17. Address to which correspondence has to be sent : -----  
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Pin code -----
18. Telephone No. : (R) ----- Mobile -----
19. 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

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### FINANCIAL RESOURCES:

- Fellowship / Scholarship
- Deputation
- Self Support

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

**BRIEF FAMILY HISTORY**

	<b>NAME</b>	<b>Age</b>	<b>Living/ Dead</b>	<b>Qualification</b>	<b>Occupation</b>	<b>Income</b>	<b>Health Status</b>
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. B.Sc. Nursing Degree Certificate (Basic or Post Certificate).
- b. Registration Certificate of B.Sc. Nursing/P B B.Sc. Nursing.
- c. Transfer Certificate of B.Sc. Nursing/P B B.Sc. Nursing.
- d. Migration Certificate
- e. Medical Fitness Certificate from a Registered Medical Practitioner.
- f. 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)
- g. Character Certificate from the head of the Institution where last employed.
- h. Professional Experience Certificate for minimum one year after obtaining the Degree indicating the Designation.
- i. One self addressed envelope with Rs.40/- Stamp.
- j. Submit a Identification proof (Voter ID/ Pan Card/Passport/ Driving License/ 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.