

# 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. \_\_\_\_\_

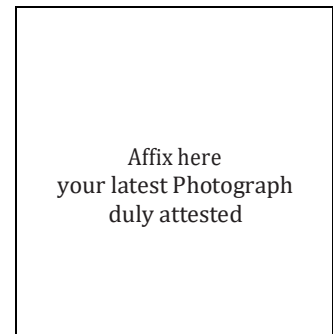
Application for admission to **Two Year Post Basic B.Sc. Nursing Degree Course** for the academic year 2018-19. To be filled in by the candidate herself/himself.

**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,  
MANGALORE - 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](http://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 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. Marital Status :
- 10. Nationality :
- 11. State to which you belong :
- 12. Mother Language :
- 13. Languages know 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

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### 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

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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)

**BRIEF FAMILY HISTORY**

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

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
- e. Diploma Certificate of General Nursing & Midwifery
- f. GNM Marks Cards
- g. Migration Certificate
- h. One self addressed envelope with Rs.41/- 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.