

FATHER MULLER COLLEGE OF NURSING

(Affiliated to Rajiv Gandhi University of Health Sciences & Recognised by the Indian Nursing Council)



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 2013-14. To be filled in by the candidate himself/herself.

Last date for receipt of filled in Application - **26th May 2013.**

From: Name & Full Address (IN BLOCK LETTERS)
.....
.....
.....
Telephone No.:



To: The Admission Officer
Father Muller College of Nursing
Father Muller Charitable Institutions
P.B. No. 501, Kankanady,
MANGALORE - 575 002.

College of Nursing : 0824/2238320, 2438906
Hospital Telephone : 0824/223800 (30 lines)
Fax : 0824/2438906
E-mail : fathermullercon@rediffmail.com

DECLARATION BY THE CANDIDATE

I hereby state that I have filled this form myself and all the informations given in this application form are true to the best of my knowledge.

I have read and understood the 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 Post Basic B.Sc. Nursing Degree Course for the year 2013-14.

I also agree to follow the discipline of the College and Hostel and promise not to indulge in any form of indiscipline that brings down the name of the Institution, College fo Nursing and Nursing Profession.

Signature of the Candidate

Dated:

.....
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 / Mother / Guardian :
- 3. Address :
.....
.....
.....
- 4. Sex :
- 5. Age & Date of Birth :
- 6. Religion :
- 7. Denomination / Caste :
a) Catholic b) Protestant c) Jacobite d) Marthomite
- 8. Marital status :
- 9. Nationality :
- 10. State to which you belong :
- 11. Mother tongue :
- 12. Languages known to speak :
- 13. Approximate annual income of the family :
- 14. Health condition (mention if any history of chronic illness or physical defect is present) :
- 15. Permanent address :
.....
.....
.....
PIN Code
- 16. Address to which correspondence has to be sent :
.....
.....
.....
PIN Code
- 17. Telephone No. : (R)
Mobile
- S.T.D. Code :
- FAX :
- 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
 ii) Specialization if any
 (Diploma/Refresher Course)

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

Registration Number	State	Date

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 :							
1.							
2.							
3.							
4.							
5.							

N.B.: 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. Certificate of having passed P.U.C. or its equivalent from a recognised University of Mark list.
- c. GNM Marks Cards.
- d. Diploma Certificate of GNM.
- e. Registered Certificates of General Nursing and Midwifery.
- f. Character Certificate form the head of the Institution where last employed/studied.
- g. Certificate stating have working knowledge of English.
- h. Transcript of qualifying examination Certificate (G.N.M.)
- i. Medical Fitness Certificate from a Registered Medical Practitioner.
- j. One self addressed envelope (size 6.5"x4.5") with Rs. 25/- Stamp.

Please Note: Last date for receipt of filled in application form to the office will be 26th May 2013.

- 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.