



Apollo Hospitals
touching lives CHENNAI

APOLLO COLLEGE OF NURSING - CHENNAI

Application for Admission to Basic B.Sc. (N) Degree Course - 4 Years

Please affix
Passport Size
Colour Photograph

Application No.:

1. Name.
(As per School Record) :
2. Sex :
3. Date of Birth & Age :
4. Marital Status :
5. Caste & Community :
6. Religion & Nationality :
7. Father's Name :
8. Address of the Parents

PERMANENT ADDRESS	PRESENT ADDRESS
Telephone No. With Code:	Telephone No. With Code:

9. Academic Record

Levels	Subjects	Marks	Total Marks & %	Medium of Instruction & Year of Passing	Name of The Institution & Address
	Languages				
	English				
	Biology				
	Physics				
	Chemistry				
	Botany				
	Zoology				
	Mathematics				

10. Extra Curricular Activities, Hobbies
(Sports, Literary, Cultural, Ect.)

11. Languages Known:

Languages	Speak	Read	Write
MOTHER TONGUE			

12. Reason for Choosing the Course

13. Family Details:
(Father, Mother, Brothers & Sisters)

Family Members with Relationship	Age	Educational Qualification	Occupation	Income (P/A)	Residence address

14. Conduct & Character Certification:
(Give Name and Address of person or School Headmistress / College Principal or any person of good standing other than relatives who certifies the Conduct & Character)

Name	Occupation	Address

15. Undertaking

I hereby declare, that the above particulars are true and correct to the best of my knowledge. And I have read the prospectus and fully understood that in the event of my violation of any of the rules and regulations. I am liable to immediate dismissal from the College. Further I consent to undergo the course for its full duration. I Undertake that I will not cause disrespect of loss of reputation by indulging in mal practices or immoral or illegal acts which amounts to indiscipline, warrants dismissal from the college.

Parent Name:

Signature of the Parent:

Signature of the Applicant:

16. Certificates Enclosed (Attested)

(Xerox Copies only) (1) Education Qualification (H.Sc. +2) (2) 10th Mark Sheet (3) Transfer Certificate (4) Community Certificate (For SC/ST, BC, OBC & MBC only) (5) Medical Fitness (Original)

*Note:Application can be obtained by Attach a DD for Rs.750/-in favour of "APOLLO COLLEGE OF NURSING, Payable at CHENNAI").

Completed Application shall be Sent to The Principal, Apollo College of Nursing, Vanagaram to Ambattur Main Road, Ayanambakkam, Chennai 95, Phone +91 44-26534387 on or before.....

MEDICAL FITNESS CERTIFICATE

NameDate of Birth.....Age.....

Address

A Family Health	Age	History of hereditary diseases, communicable diseases & Mental illness, ect.,	If Deceased	
			Date	cause
Father				
Mother				
Brothers				
Sisters				

B PERSONAL HEALTH:

1. Past illness: Tuberculosis / Rheumatic fever / Cardiac Diseases / Seizure disorder / Mental Disorders / Surgeries / Any Other
2. Physical
3. Appetite
4. Bowels
5. Sleep
6. Menstrual Periods: Duration
Frequency / Interval
7. Vision

C IMMUNIZATIONS

	Date	Result	Date	Result	Date	Result	Date	Result
BCG								
Tetanus Toxid								
TAB								
Hepatitis B								
Others								

D MEDICAL EXAMINATION:

- | | | |
|----------------------|---------------------------|-------------|
| Height : | Weight : | B.P. : |
| Nutritional status : | Posture : | Skin : |
| Vision : | Hearing : | Dental : |
| C.V.S : | Respiratory System : | GI system : |
| Genito Urinary : | Musculo Skeletal system : | |
| Endocrine system : | Central Nervous System : | |

