

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 / Husband's Name : .....
8. Address of the Parents / Guardian

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

9. Academic Record

Levels	Subjects	Total Marks & %	Medium of Instruction & Year of Passing	Name of The Institution & Address
School H.Sc. (+2)				
Diploma in General Nursing & Midwifery				
Any Other Qualification				

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

	Reg.No.	Date of Registration	Name of the Council	State
Registered Nurse				
Registered Midwiffe				

11. Service / Previous Employment Details (After Nursing Registration)

Name of the Hospital / Institution	Position Held	From	To	Total No. of Years

12. Membership in Professional and Social Bodies

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13. Extra Curricular Activities, Hobbies (Sports, Libery, Cultural, Etc.)

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11. Languages Known:

Languages	Speak	Read	Write
MOTHER TONGUE			

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

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

Signature of the Parent / Guardian

Signature of the Applicant:

16. Certificates Enclosed (Attested)

(Xerox Copies only) (1) Education Qualification (H.Sc. +2) (2) 10th Mark Sheet (3) Diploma Certificate (4) Mark List (5) Registration of Nurse & Midwife (6) Transfer Certificate (7) Community Certificate (For SC/ST, BC, OBC & MBC only) (8) 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.....

ACADEMIC YEAR 20 - 20

# MEDICAL FITNESS CERTIFICATE

Name .....Date 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 :  |             |

