



APOLLO SCHOOL OF NURSING - CHENNAI

APPLICATION FOR ADMISSION TO D.G.N.M DIPLOMA IN GENERAL NURSING & MIDWIFERY (3 YEARS)

Please affix
Passport Size
Colour Photograph

Application No.:

1. Name (As per School Record)
2. Sex
3. Date of birth & Age
4. Caste & Community
5. Religion & Nationality
6. Father's Name
7. Residential Address

PERMANENT ADDRESS	PRESENT ADDRESS
Telephone No. With code	Telephone No. With code

8. Academic Record

Level	Subject	Marks	Total Marks & %	Medium of Instruction & year of Passing	Name of the Institution & Address
School H.Sc. (+2)					

9. Extra Curricular Activities, Hobbies (Sports, Literary, Cultural, Etc.)

10. Languages know

Languages	Speak	Read	Write
Mother Tongue			

11. Reason for Choosing the Course.

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

Family members With relationship	Age	Educational Qualification	Occupation	Income (P/A)	Residence Address

13. Contact and Character Certification

Give Name and Address of person or School Headmistress / School Principal or any person of good standing other than relatives who certifies the conduct & character

Name	Occupation	Address

14. Under taking

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 school. Further I consent to undergo the course for its full duration. I undertake that I will not cause disrespect or loss of reputation by indulging in malpractices or immoral or illegal acts which amounts to indiscipline, warrants dismissal from the institution.

Parent Name

Signature of the Parent:

Date

Signature of the Applicant

15. Certificates Enclosed (Attested) Xerox Copies only (1) Educational Qualification (H.Sc / +2) (2) 10th Mark Sheet (3) + 2 Transfer Certificate (4) Community Certificate (for SC /ST , MBC, BC only) (5) Medical Fitness (Original) (6) Migration genuineness & equivalency certificate for other state Candidates only (7) Adhar card, (8) Address Proof (Voter ID / Passport ? Ration Card) (9) Five recent passport size photos

Completed Application along with D.D. for Rs.....in Favour of Apollo School of Nursing , Payable at Chennai, Shall be Sent to the Principal. Apollo School of Nursing, Vanagaram to Ambattur Main Road, Ayanambakkam, Chennai- 600 095. On or Before

MEDICAL FITNESS CERTIFICATE
 (Students shall submit to the Principal before admission)
 (To be Certified by a Registered Medical Practitioner)



NAME:

AGE:

SEX:

(A) Family History of any Chronic illness

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(B) Whether the candidate has suffered from any of the following diseases:

	Yes	No		Yes	No
a) Tuberculosis.....	<input type="checkbox"/>	<input type="checkbox"/>	b) Rheumatic fever.....	<input type="checkbox"/>	<input type="checkbox"/>
c) Rheumatism.....	<input type="checkbox"/>	<input type="checkbox"/>	d) Cardiac diseases.....	<input type="checkbox"/>	<input type="checkbox"/>
e) Varicose Veins.....	<input type="checkbox"/>	<input type="checkbox"/>	f) Mental or nervous disorders.....	<input type="checkbox"/>	<input type="checkbox"/>
g) Any infectious diseases.....	<input type="checkbox"/>	<input type="checkbox"/>	g) Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>

(C) Whether the candidate has undergone any operation
 (Details)

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(D) General Examination

Height	:	Weight	:	B.P.	:
Eyes	:	Hearing	:	Teeth	:
Skin	:	Heart	:	Lungs	:
Urine	Routine examination		:		
	Microscopic examination		:		
Stool	Routine examination		:		
	Microscopic examination		:		
Blood Group & Haemoglobin	:				
Menstrual Cycle	:				

(E) Vaccinations Done and the date (Enclose Certificate)

a. Hepatitis – B

b. Anti Typhoid

c. Anti Cholera

D. Chicken pox

c. H1N1

(F) Present history of any chronic illness (Details to be enclosed)

(G) REMARKS

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PLACE :	SIGNATURE	:
DATE :	NAME & QUALIFICATION OF THE MEDICAL	:
SEAL :	PRACTITIONER	:
	REG. NO.	:
	ADDRESS	:

UNDERTAKING BY THE STUDENT & PARENT

My daughter is not suffering from any disease which will cause / interfere / difficult to pursue this nursing course which warrants termination or dismissal from the school

Signature of the Student

Signature of the Parent

Date :

Place :

N.B. : If any student if found to be medically unfit, she will discontinue the course.
If any existing illness detected subsequently, student will face termination.