



APOLLO COLLEGE OF NURSING, CHENNAI – 95
Application for Admission
Post Basic B.Sc. (N) Degree Course - 2 Years

Please affix
Passport Size
Color Photograph

Application No :

- 1 Name. :
(As per Aadhar)
- 2 Sex :
- 3 Date of Birth & Age :
- 4 Marital Status :
- 5 Caste & Community :
- 6 Religion & Nationality :
- 7 Father's Name :

8 Postal Address for the Communication

	PRESENT ADDRESS	PERMANENT ADDRESS
Door Number		
Street Name		
Constituency		
Ward No		
Taluk Name		
Village Name		
Panchayat Name		
Urban / Rural		
District Name		
Pin code		
Parent's Mobile No	Father -	Mother -
Email ID (Parents)		
Aadhar No		
Is student's Mobile No linked with Aadhar		
Email ID (Students)		

9 Academic Record

IS EMIS ID Available? * Yes No EMIS ID

Is the student the first graduate in the family? * Yes No

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				

9 RNRN No

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

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, Cultural, Etc.)

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14 Languages Known

	Languages	Speak	Read	Write
Mother Tongue				
Other Languages				

15 Family Details: (Father, Mother, Brothers & Sisters)

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

16 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 amount to indiscipline, warrants dismissal from the college.

Parent Name: Signature of the Parent:

Signature of the Applicant:

17 Certificates Enclosed (Attested) (Xerox Copies only)

- | | |
|--|------------------------------------|
| 1) Education Qualification (H.Sc. +2) | 2) 10th Mark Sheet |
| 3) Diploma Certificate / Degree Certificate | 4) Diploma Mark List |
| 5) Transfer Certificate | 6) Registration of Nurse & Midwife |
| 7) Community Certificate (For SC/ST, BC, OBC & MBC only) | 8) Aadhar card |
| 9) Medical Fitness (Original) | |

*Note: Application Cost – 1500/-. You can download application from www.apollohospitalseducation.com, Take DD for Rs.1500/-in favour of “**APOLLO COLLEGE OF NURSING**, Payable at CHENNAI”).

Send filled application to:

THE PRINCIPAL, APOLLO COLLEGE OF NURSING, VANAGARAM TO AMBATTUR MAIN ROAD,
AYANAMBAKKAM, CHENNAI 95

For any queries contact: Phone +91 44 2956 5923, +91 74018 41761

ACADEMIC YEAR 20 - 20