APOLLO COLLEGE OF NURSING - CHENNAI

Application for Admission to
Ph.D in Nursing – 4 Years Course

Apollo Hospitals CHENNAI
touching lives

Application No.:

Please affix
Passport Size
Colour Photograph

Branch Options1: **2**

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 / Husband's Name	: ....
8.	Father's / Husband's Occupation	: ....
9.	Income of The Parents / Guardian (Per Annum)	: ....

10. Address of the Parents / Guardian

PERMANENT ADDRESS	PRESENT ADDRESS
Mobile E Mail:	Mobile E Mail:

11. Academic Record

Levels	Subjects	Total Marks & %	Medium of Instruction & Year of Passing	Name of The Institution & Address
School H.Sc.(+2)				
B.Sc Nursing / P.B.B.Sc nursing				
M.Sc(N)				
Post Graduation Other Than Nursing				

12. Nursing Council Details

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

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

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

14. Membership in Professional and Social Bodies

15. Extra Curricular Activities, Hobbies (Sports, Cultural, Etc.)

16. Languages Known:

Languages	Speak	Read	Write
Mother Tongue			

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

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

18. 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:

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