



# ARAGONDA APOLLO COLLEGE OF NURSING

(A UNIT OF APOLLO HOSPITALS EDUCATIONAL TRUST)

Aragonda, Thavanampalli (Mandal), Chittoor District.

Pin : 517 129, Andhra Pradesh

Please affix  
Passport Size  
Colour Photograph

## APPLICATION FORM B.Sc., (N) DEGREE COURSE – 4 YEARS

Application No. :

1. Name : .....

(As per School Record in BLOCK letters)

2. Sex : .....

3. Date of Birth & Age : .....

4. Marital Status : .....

5. Caste & Community : .....

6. Religion & Nationality : .....

7. Father & Mother/Guardian's Name : .....

8. Address of the Parents : .....

PERMANENT ADDRESS	PRESENT ADDRESS
Telephone No. with code : Mobile :	Telephone No. with code : Mobile :

### 9. Occupation details :

Father : ..... Mother : .....

### 10. Academic Record :

Level	Subjects	Marks	% of marks in Science (PC & B) & English	Medium of instruction & Year of Passing	Name of the Institution & Address
School H.Sc., (+2)	English				
	Biology				
	Physics				
	Chemistry				
	Botany				
	Zoology				
	Mathematics				

**11. Extra Curricular Activities, Hobbies**

**(Sports, Literary, Cultural etc.)**

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**12. Languages known :**

Languages	Speak	Read	Write

**13. Reason for Choosing the Course :**

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

Family members with Relationship	Age	Educational Qualification	Occupation	Income (P/A)	Residence Address

**Mother & Father photographs**

**Signature of the Parent**

<b>Please affix Passport Size Colour Photograph</b>
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<b>Please affix Passport Size Colour Photograph</b>
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1. Father :

2. Mother :

**15. 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

**16. Enclosures – Attested Xerox Copies of certificates only**

- |   |   |                          |
|---|---|--------------------------|
| (1) Educational Qualification (H.Sc. +2)              | - | <input type="checkbox"/> |
| (2) 10 <sup>th</sup> Mark sheet                       | - | <input type="checkbox"/> |
| (3) Transfer Certificate                              | - | <input type="checkbox"/> |
| (4) Study certificates (from VI to Intermediate / +2) | - | <input type="checkbox"/> |
| (5) Community Certificate (For SC/ST & OBC only)      | - | <input type="checkbox"/> |
| (6) Medical Fitness (Original)                        | - | <input type="checkbox"/> |
| (7) Migration certificate (Non-local)                 | - | <input type="checkbox"/> |
| (8) Transaction details                               | - | <input type="checkbox"/> |

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 or loss of reputation by indulging in malpractices, immoral or illegal acts which amounts to indiscipline, warrants or dismissal from the college

*Signature of the Applicant*

<b>Account holder name</b>	:	<b>Aragonda Apollo College of Nursing,</b>
<b>Bank</b>	:	<b>Indian Bank</b>
<b>A/c No.</b>	:	<b>524000313</b>
<b>IFSC code</b>	:	<b>IDIB000D030</b>
<b>Payable at</b>	:	<b>Chittoor</b>
<b>Branch</b>	:	<b>Diguvamagham branch</b>

**Completed Application shall be Sent to :**

The Principal, Aragonda Apollo College of Nursing, Aragonda, Thavanampalli (Mandal), Chittoor District, Pin : 517 129, Andhra Pradesh on or before 30.09.2020,

**Scanned copy to :** [apollocollege43@yahoo.com](mailto:apollocollege43@yahoo.com) , [apollocollege43@gmail.com](mailto:apollocollege43@gmail.com) .



**List of Certificates to be submitted by the student on admission at  
Aragonda Apollo College of Nursing**

***I. All originals of***

1. 10<sup>th</sup> & Intermediate Marks list
2. Transfer certificate
3. Study certificates from VI to Intermediate/+2
4. Caste / Community Certificate
5. Physical fitness certificate issued by a civil assistant surgeon
6. Migration Certificate (In case of Non-local Students )

***II. Xeroxed copies : 6 sets of all certificates (one set with attestation)***

***III. Photos***

Stamp size photos of the student	:	02
Passport size photos of :		
1) Student	:	12
2) Father	:	04
3) Mother	:	04

***IV. All the due fee payable to the college***

***V. Aadhar card, Ration card (local only) and Any other ID proof.***

***Dr.M.B.Aruna Arputhmalar***  
**Principal**

***Note: Student and Parents are informed to retain one set of Xeroxed certificates with them always.***