



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

Please affix
Passport Size
Color Photograph

Application No:

Specialty 1

2

- 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)				
B.Sc Nursing / P.B.B.Sc nursing				
Post Graduation Other Than Nursing				

10 Nursing Council Details

	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

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

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) Transfer Certificate | 4) Community Certificate (For SC/ST, BC, OBC & MBC only) |
| 5) Aadhar card | 6) 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