ţ A	APOLLO COLLEGE OF NURSING, CHENNAI – 95 Application for Admission Post Basic B.Sc. (N) Degree Course - 2 Years						
				Please affix			
				Passport Size			
Ap	oplication No :			Color Photograph			
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		

Medium of Total Instructio Name of The Levels Marks Subjects n & Year **Institution & Address** & % of Passing School H.Sc.(+2) Diploma in General **Nursing & Midwifery** Any Other Qualification

#### 9 RNRM No

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

### 11 Service / Previous Employment Details (After Nursing Registration)

Name of the Hospital / Institution	Position Held	From	То	Total No. ofYears

### 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) 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 2025-2026