



**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 OtherThan 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**

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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 – 1300/-. You can download application from [www.apollohospitalseducation.com](http://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**