



**APOLLO COLLEGE OF NURSING, CHENNAI – 95**  
**Application for Admission**  
**Basic B.Sc. (N) Degree Course - 4 Years**

Please affix  
 Passport Size  
 Color Photograph

**Application No :**

- 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

Subjects	Marks	Subject %	PCB %	Medium of Instruction / Year of passing	Name of the Board	Name of The Institution & Address
Language						
English						
Biology						
Physics						
Chemistry						
Botany						
Zoology						
Mathematics						
Overall Total With %						

## 10 Extra Curricular Activities, Hobbies (Sports, Literary, Cultural, Etc.)

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## 11 Languages Known

	Languages	Speak	Read	Write
Mother Tongue				
Other Languages				

## 12 Reason for Choosing the Course

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

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

**14 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

**15 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 or 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: .....

**16 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/-. 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**