



**Admission Application for Post Basic B.Sc. (Nursing) Degree Course – 2 Years**

**Application No:**

photo

1. Name.  
(As per Education Certificate) : \_\_\_\_\_
2. Gender : \_\_\_\_\_
3. Date of Birth & Age : \_\_\_\_\_
4. Marital Status : \_\_\_\_\_
5. Caste & Community : \_\_\_\_\_
6. Religion & Nationality : \_\_\_\_\_
7. Father Name : \_\_\_\_\_
8. Father's Occupation : \_\_\_\_\_
9. Family Income Per Annum : \_\_\_\_\_

**8. Postal Address for the Communication**

	<b>PRESENT ADDRESS</b>	<b>PERMANENT ADDRESS</b>
Door & Street Name		
Village & Taluk Name		
Urban/ Rural		
District Name		
State & Nationality		
Pin Code		
Parent's Mobile No	Father -	Mother -
Email ID (Parents)		
Student Aadhar No		
Student Mobile No		
Email ID( Student)		

**9. Academic Record**

Is UMIS ID Available

Yes  No  UMIS ID .....

Levels	Subjects	Total Marks & %	Medium of Instruction & Year of Passing	Name of the Institution Address
School H.Sc.(+2)				
Diploma in General Nursing & Midwifery				
Any Others Qualification				

**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**

	<b>Languages</b>	<b>Speak</b>	<b>Read</b>	<b>Write</b>
<b>Mother Tongue</b>				
<b>Other Languages</b>				

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

<b>Family Members with Relationship</b>	<b>Age</b>	<b>Educational Qualification</b>	<b>Occupation</b>	<b>Income (P/A)</b>	<b>Residency Address</b>

**16. Undertaking**

I hereby declare, than 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 for immediate dismissal from the college. Futher 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 malpractices or immoral or illegal acts which amount to indiscipline, that warrant 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. 10<sup>th</sup> Mark Sheet.
- 3. Transfer Certificate.
- 4. Computerized Latest Community Certificate (For SC/ST, BC, OBC &MBC Only)
- 5. Diploma Certificate
- 6. Medical Fitness (Original).
- 7. Registration of Nurses & Midwife and Renewal Licence.
- 8. Migration (Studied other than TamilNadu).
- 9. Computerized Latest Nativity Certificate.
- 10. Aadhar Card

\*Note: **Application Cost – 1,000/-** You can download application from [www.apollonursingcollege.com](http://www.apollonursingcollege.com), **Take DD for Rs.1,000/-** 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 – 600 095

For any queries contact: Phone +914429565923, +91 7401841761  
[Email ID: chennaiadmin@acon.edu.in](mailto:chennaiadmin@acon.edu.in)

ACADEMIC YEAR 2026 - 2027