



A Unit of Apollo Hospitals Education Trust  
 Recognized by the Indian Nursing Council &  
 The Tamil Nadu Nurses and Midwives Council.



Affiliated to the Tamil Nadu Dr. M.G.R Medical University, Chennai

**Form No: ACONCHE-ACA 03/ Revision No: 00 Issue Date:17.06.25**

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

**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**

	PRESENT ADDRESS	PERMANENT ADDRESS
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

	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)	Residency Address

#### 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
7. Registration of Nurses & Midwife and Renewal Licence.
6. Medical Fitness (Original).
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**