

APOLLO COLLEGE OF NURSING, CHENNAI, 600 095

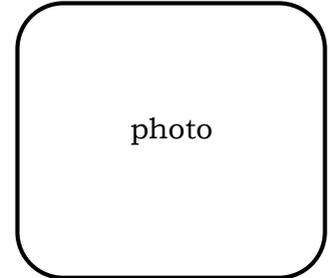


A Unit of Apollo Hospitals Educational Trust
Recognized by the Indian Nursing Council &
The Tamil Nadu Nurses and Midwives Council.
Affiliated to the Tamil Nadu Dr. M.G.R Medical University, Chennai
Form No: ACONCHE-ACA 03/ Revision No: 00 Issue Date:17.06.25



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

Application No:



1. Name.
(As per Education Certificate) : _____
2. Gender : _____
3. Date of Birth & Age : _____
4. Marital Status : _____
5. Caste & Community : _____
6. Religion & Nationality : _____
7. Father/Spouse Name : _____
8. Father/Spouse 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, Siblings if single/Spouse & Children if married)

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. 10th 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 – 1,500/-** You can download application from www.apollonursingcollege.com, **Take DD for Rs.1,500/-** 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