



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 Basic B.Sc (Nursing) Degree Course – 4 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

	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

(i) Is Emis ID Available Yes ☐ (or) No ☐ EMIS ID

(Only Tamilnadu H.S.C Reffer +2 Marksheet (or) +2 Transcript)

(ii) Is the student the first graduate in the family? Yes ☐ (or) 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 %						

PCB - Physics, Chemistry & Biology (or) Botany, Zoology

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

11. Languages Known

	Languages	Speak	Read	Write
Mother Tongue				
Other Languages				

12. Reason for Choosing the Course

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

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

14. Conduct & Character Certification

(Given 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, 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. 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 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: _____

16. 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. Aadhar Card.
7. Migration (Studied other than TamilNadu).
6. Medical Fitness (Original).
8. Computerized Latest Nativity Certificate.

*Note: **Application Cost – 1,000/-** You can download application from 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

ACADEMIC YEAR 2026 - 2027