APOLLO COLLEGE OF NURSING, CHENNAI, 600 095

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 M.Sc. (Nursing) Degree Course – 2 Years

Application No:

Specialty I :

Specialty II :

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)				
B.Sc Nursing/ P.B.B.Sc Nursing				
Post Graduation Other than Nursing				

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. 10th Mark Sheet
3. Degree Certificate (B.Sc or PB.B.Sc)   4. B.Sc Mark List
5. Transfer Certificate   6. Registration of Nurse & Midwife and
7. Experience Certificate (Minimum One Year)   Renewal Licence
8. Computerized Community Certificate (For SC/ST, BC, OBC &MBC Only)
9. Migration (Studied other than TamilNadu)   10. Medical Fitness (Original)
11. Aadhar Card

*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