



A Unit of Apollo Hospitals Educational Trust  
Recognized by the Indian Nursing Council &  
The Tamil Nadu Nurses and Midwives Council.  
Affiliated to the Board of Nursing Education of the Nurses league of  
CMAI South India Branch.



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

**Admission Application for PB. Diploma (Nursing) Programme – 1 Year**

**Application No:**

**Specialty :**

Photo

1. Name.  
(As per the Records) : \_\_\_\_\_
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		
Spouse Mobile No	(1) -	(2) -
Email ID Candidate		
Candidate Aadhar No		
Candidate Mobile No		
Email ID (Candidate)		

## 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)				
DGNM & B.Sc Nursing/ P.B.B.Sc Nursing				
Any Other 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 Recent to early)

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. Further 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.

Spouse Name: \_\_\_\_\_ Signature of the Spouse: \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_

#### 17. Certificates Enclosed ( Attested ) (Xerox Copies Only)

1. Education Qualification (10<sup>th</sup>, H.Sc.,)
2. DGNM Mark Sheet
3. Degree Certificate (B.Sc. or PB.B.Sc /M.Sc)
4. DGNM/B.Sc. Mark Sheet
5. Transfer Certificate
6. Registration of Nurse & Midwife and Renewal Licence
7. Migration (Studied other than TamilNadu)
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 – 1,500/-** You can download application from [www.apollonursingcollege.com](http://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**