



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) - <input type="text"/>	(2) - <input type="text"/>
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 (10th, 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, **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