

APOLLO INSTITUTE OF MEDICAL SCIENCES & RESEARCH, CHITTOOR

Murakambattu, Chittoor, Andhra Pradesh- 517127, Phone: 9573250002, 9440124768



THE APOLLO COLLEGE OF NURSING CHITTOOR



(Affiliated to Indian Nursing Council, New Delhi, Dr. NTR University of Health Sciences & APNMC
Vijayawada, Andhra Pradesh)

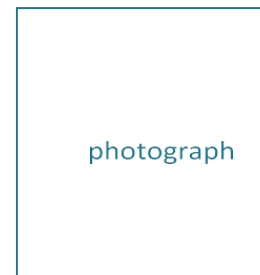
Email ID: principal_nursing@aimsrchittoor.edu.in

Application Form

B.Sc (N) Course for the Academic Year 2022

Admission category: MQ / GQ

| | |
|--------------------|--|
| Application No: | |
| Admission No: | |
| Date of Admission: | |



| | | | | | |
|--|---------------|----|----|----|----------|
| 1. FULL NAME (In Block letter as in intermediate certificate) | | | | | |
| 2. Father / Guardian's Name | | | | | |
| 3. Mother's Name | | | | | |
| 4. Gender | Male / Female | | | | |
| 5. Place of Birth | | | | | |
| 6. Date of Birth and Age | | | | | |
| 7. Nationality | | | | | |
| 8. Social Status | OC | BC | SC | ST | Minority |
| | Sub Caste: | | | | |
| 9. Mother Tongue | | | | | |
| 10. Aadhar Number of the Student | | | | | |

| | |
|--|-------------------------|
| 11. Languages known: To read | |
| To write | |
| To speak | |
| 12. Occupation and Annual Income of Father: | |
| 13. Occupation and Annual Income of Mother: | |
| 14. Permanent Address of Father/ Guardian: | |
| | |
| | |
| District | |
| State | |
| PIN Code | |
| Contact Number - Father: | |
| Mother: | |
| Student: | |
| E-Mail ID: (Student & Father) | |
| 15 Identification Marks (as recorded in SSC) | 1. 2. |
| 16. Hostel facility | Required / Not required |
| 17. Health Condition & Physical fitness: 1) Known Health Disorders, if any: 2) Any Other Particulars: Enclose physical fitness certificate: | |

Signature of the Candidate

EDUCATIONAL QUALIFICATIONS:

| Name of Course | Medium of Instruction | School / College | Year of Passing | Board / University | Percentage of Total Marks |
|-------------------------------|-----------------------|------------------|-----------------|--------------------|---------------------------|
| SSC / Its equivalent | | | | | |
| Intermediate / Its equivalent | | | | | |
| Degree (If any) | | | | | |

MARKS OBTAINED IN INTERMEDIATE COURSE / ITS EQUIVALENT:

| Subject | Max marks | Marks obtained | Percentage |
|-----------|-----------|----------------|------------|
| Physics | | | |
| Chemistry | | | |
| Botany | | | |
| Zoology | | | |

Reason for choosing nursing career:

| |
|--|
| |
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| | | |
|----------------------------|----------|----------------------------------|
| Account holder name | : | Apollo College of Nursing |
| Bank | : | AXIS Bank |
| A/c No. | : | 917010059823735 |
| IFSC code | : | UTIB0001156 |
| Branch | : | Egmore Branch |

| | |
|---------------------------------------|--|
| Scholarship particulars if any | <ol style="list-style-type: none">1. If already receiving provide details2. If eligible : Yes / No (If eligible is accrued in future, provide details to office) |
|---------------------------------------|--|

Signature of the Candidate

DECLARATION BY THE CANDIDATE

I _____ declare that the information given above is true to the best of my knowledge and belief. I have read and understood the rules and regulation and promise to abide them in letter and spirit.

Place:

Signature of the Candidate

Date:

Note: Visit www.amanmovement.org and submit antiragging affidavit student and parent should submit signed affidavit after downloading from their email.

DECLARATION BY THE PARENT

I declare that, my student attendance can be sent to the address or mail or mobile number given below: (Chose one of the following)

| Mode | | Details |
|------------------------------|----------|--|
| Mail ID | Yes / No | |
| Whatsapp | Yes / No | |
| Post (Specify Address) | Yes / No | D.No. _____, Street, _____ Village/ Town _____ Mandal / Taluk _____ District _____, State _____ Pin code _____ Phone No _____ |

Mr / Ms _____ is my son / daughter and the information given above is true to the best of my knowledge and belief.

Place:

Signature of the Parent

Date: