

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)

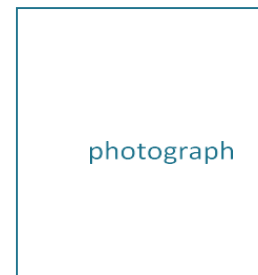
Email ID: principal_nursing@aimsrchittoor.edu.in

Application Form

B.Sc (N) Course for the Academic Year 2021

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)
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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: