## **APOLLO COLLEGE OF NURSING - CHENNAI Application for Admission to** Apollo Hospitals

M.Sc. (N) Post Degree Course - 2 Years

Арј	olication No.:				Please affix Passport Size Colour Photograph		
Spe	ecialty		2				
1.	Name. (As per School	Record)	:				
2.	Sex		:				
3.	Date of Birth &	Age	:				
4.	Marital Status		:				
5.	Caste & Community						
6.	Religion & Nationality :						
7.	Father's / Husband's Name :		:				
8.	Father's / Husband's Occupation :						
9.	Income of The	Parents / Guardian (Per Annum)	:				
10.	Address of the	Parents / Guardian					
	PERMAI	NENT ADDRESS	PRESENT ADDRE	ss			
	elephone No. Wit Mail:	h Code:		Telephone No. With Code:			

## 11. Academic Record

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				

## 12. Nursing Council Details

	Reg.No.	Date of Registration	Name of the Council	State
Registered Nurse				
Registered Midwife				

Name of the Hospital / Institution		tion Held	From	То	Total No. of Years	
Membership in Pro	ofessiona	l and Social Bodie	es			
Extra Curricular Ac	ctivities. H	lobbies (Sports. C	ultural. Etc.)			
			<u></u>			
L						
Languages Known	1:	Speak	D	ead	\A/ <sub>**</sub> :4.0	
Languages		эреак	Ke	eau	Write	
other Tongue						
. Family Details: (Fa	ther Moth	ner Brothers & Sis	sters)			
Family Members		Educational		Income	Residence addres	
with Relationship	Age	Qualification	Occupation	(P/A)	Residence addres	
hereby declare, that th					ledge. And I have read I regulations. I am liable	

Signature of the Parent / Guardian

Signature of the Applicant:

19. Certificates Enclosed (Attested)

(Xerox Copies only) (1) Education Qualification (H.Sc. +2) (2) 10th Mark Sheet (3) Diploma Certificate / Degree Certificate(4) Mark List (5) Registration of Nurse & Midwife (6) Experience Certificate (7) Community Certificate (For SC/ST, BC, OBC & MBC only) (8) Medical Fitness (Original)

Completed Application shall be Sent to The Principal, Apollo College of Nursing, Vanagaram to Ambattur Main Road, Ayanambakkam, Chennai 95, Phone +91 44-26534387, 65680717 on or before.....

<sup>\*</sup>Note:Application can be obtained by Attach a DD for Rs.750/-in favour of "APOLLO COLLEGE OF NURSING, Payable at CHENNAI").

## **MEDICAL FITNESS CERTIFICATE**

A Family Health	Age	History of hereditary diseases, ge communicable diseases &			If Deceased				
	7.90		Mental illness, ect.,			Date		cause	
Father									
Mother									
Brothers									
Sisters									
B PERSONAL HEAL	.TH:								
Past illness: Tuber     Any Other	rculosis / R	heumatic fe	ver / Cardia	c Diseases /	Seizure di	sorder / Me	ntal Disorder	s / Surge	
2. Physical				3. д	ppetite				
4. Bowels	5. Sleep								
6. Menstrual Periods	strual Periods: Duration Frequency / Interval								
7. Vision									
CIMMUNIZATIONS									
	Date	Result	Date	Result	Date	Result	Date	Resul	
BCG	Date	Result	Date	Result	Date	Result	Date	Resul	
BCG Tetanus Toxid	Date	Result	Date	Result	Date	Result	Date	Resul	
	Date	Result	Date	Result	Date	Result	Date	Resul	
Tetanus Toxid	Date	Result	Date	Result	Date	Result	Date	Resul	
Tetanus Toxid TAB	Date	Result	Date	Result	Date	Result	Date	Resul	
Tetanus Toxid TAB Hepatitis B		Result	Date	Result	Date	Result	Date	Resul	
Tetanus Toxid TAB Hepatitis B Others		Result	Date	Result	Date		Date  B.P. :	Resul	
Tetanus Toxid  TAB  Hepatitis B  Others  MEDICAL EXAMINATION		Result		Result				Resul	
Tetanus Toxid  TAB  Hepatitis B  Others  MEDICAL EXAMINA  Height :		Result	Weight	Result			B.P. :	Resul	
Tetanus Toxid  TAB  Hepatitis B  Others  MEDICAL EXAMIN  Height :  Nutritional status :		Result	Weight		:		B.P. :	Resul	

Central Nervous System :

Endocrine system:

Blood :	Urine :	Faeces :
x-ray :	Others:	Blood group :
F. VISIBLE IDENTIFICA	ATION MARKS	
1.		
2.		
F. REMARKS:	Place (ü ) Mark : Medicaly Fit (or) Unf	fit
PLACE :		
DATE :	NAME OF THE DOCTOR	:
SEAL :		
	SIGNATURE & QUALIFICATION OF THE MEDICAL PRACTITIONER	:
	REG. NO.	:
	ADDRESS	:
	UNDERTAKING BY THE STUDE	ENT & PARENT
	ering from any disease which will cause ation or dismissal from the college.	/ interface / difficult to pursue this nursing course
Signature of the Studen	nt	Signature of the Parent / Guardian
Date :		
Place:		
•	if found to be medically unfit, she will displicable if found to be medically unfit, she will displicable in the medically unfit, she will displicable in the medical property.	

**E. LABORATORY FINDINGS:**