



APOLLO SCHOOL OF NURSING

(Recognized by the Govt of Karnataka, KNC, KSDNEB Bangalore, INC New Delhi)

#71, Mariyappanapalya, Gnanabharati Post Kengeri Hobli, Bangalore - 560 056

Ph: 080-23241584, 9880986925. Email : apollonsblr@gmail.com

www.columbiacollege.co

Application No:

Application for admission to **General Nursing & Midwifery Course** for the academic year **2026-2027** To be filled in by the candidate herself.

From:

Name & Full Address (IN BLOCK LETTERS)

Telephone No-----

To:

The Chairman

Apollo School of Nursing
#71, Mariyappanapalya,
Gnanabharati Post Kengeri Hobli,
Bangalore - 560 056
Karnataka

Affix here your
latest Photograph

DECLARATION BY THE CANDIDATE

I hereby state that I have filled this form myself and all the informations given in this application form are true to the best of my knowledge.

I have read and understood its prospectus and I hereby undertake to abide by all the rules and regulations mentioned in the Prospectus of Apollo School Of Nursing

I also agree to follow the discipline of the school and promise not to indulge in any form of indiscipline that brings down the name of the Institution, School of Nursing and Nursing Profession.

Dated: -----

Signature of the Candidate

Signature of the Parent/Guardian

Name & Address-----

(Relationship) -----

PERSONAL DATA

1. Name of the Applicant in full
(Block letters)As per S.S.L.C. Record :
2. Full Name of Father/Mother/Guardian :
3. Address : -----

4. Name of the Parish and Telephone No. :
5. Sex :
6. Age & Date of Birth (As per SSLC Record) :
7. Religion :
8. Educational Qualification :
9. Nationality :
10. State to which you belong :
11. Years of domicile :
12. Mother Tongue :
13. Languages know to speak :
14. Approximate Annual Income of the family :
15. Health Condition & any history of chronic
illness or Physical handicap :
- 16 Permanent Address : -----

Pin code -----
17. Address to which correspondence has to be sent : -----

Pin code -----
18. Telephone No. : (R) -----Mobile -----
Fax :
Student E-mail id :
Give the closest Telephone No. & STD Code No. :

ACADEMIC RECORD

Examination	Institution/ School	Year	Subjects	Percentage Of Marks Obtained	Division of Pass (%)
1. X STD					
	GRAND TOTAL				

Examination	Institution/ School	Year	Subjects	Percentage Of Marks Obtained	Division of Pass (%)
II PUC/12th STD					
	GRAND TOTAL				

Any other Qualifications :

Record if Extra- Curricular Activities if any :

Do you need Hostel accommodation? : Yes / No (Please tick (√) mark)

BRIEF FAMILY HISTORY

	NAME	Age	Living/ dead	Qualification	Occupation	Income	Health Status
Father/ Guardian:							
Mother:							
Brothers/Sisters:							

P.N.: 1. Indicate the names of parents and siblings in the columns above.

2. Strike off what is not applicable.

PHOTOSTAT ATTESTED ENCLOSURES REQUIRED: (Do not enclose originals)

- a. Marks Card : SSLC Marks Card
XII Std. / II P.U.C
- b. Certificate of Physical Fitness.
- c. Character Certificate from the head of the Institution where last attended.
- d. Submit a Identification proof (Voter ID/Aadhar Card/Pan Card/Passport/Driving License)

N.B: 1. Application accompanied by the above mentioned certificates only will be considered.

2. All the certificates should bear the same name, as per S.S.L.C Certificates