



APOLLO SCHOOL OF NURSING
Indraprastha Apollo Hospitals
Sarita Vihar, Delhi- Mathura Road, New Delhi- 110076, Ph: 011-71791693

Application No. _____

Registration No. _____

APPLICATION FOR ADMISSION TO DIPLOMA IN GENERAL NURSING & MIDWIFERY [3 YEARS PROGRAM]

1. NAME [As per School Record] : _____
2. DATE OF BIRTH : _____
3. AGE AS ON 31ST DEC 2024 : ____ Years ____ Months ____ Days
4. MARITAL STATUS : _____
5. CATEGORY-GEN/SC/ST/OBC : _____
6. RELIGION : _____
7. NATIONALITY : _____
8. FATHER'S NAME : _____
9. FATHER'S OCCUPATION : _____
10. MOTHER'S NAME : _____
11. MOTHER'S OCCUPATION : _____
12. ANNUAL FAMILY INCOME : _____
13. IDENTIFICATION MARK : _____
14. ADDRESS : _____

Please fix a
passport size
photograph with
white
background

PERMANENT ADDRESS	ADDRESS FOR CORRESPONDENCE
 Mob./ Ph No. (With STD Code)	 Mob./ Ph No. (With STD Code)

GUARDIAN'S NAME: _____

GUARDIAN'S RESIDENTIAL ADDRESS	GUARDIAN'S OFFICIAL ADDRESS
Mob. / Ph. No. (With STD Code)	Mob. / Ph. No. (With STD Code)

EXAMINATION PASSED	NAME OF THE INSTITUTION & ADDRESS	BOARD/ UNIVERSITY/ COUNCIL	SUBJECTS	YEAR OF PASSING	%
CLASS 10 TH					
CLASS 12 TH					
ANY OTHER					

MEDIUM OF INSTRUCTION:

17. FAMILY DETAILS (Father, Mother, Brothers & Sisters)

S.NO.	FAMILY MEMBERS' NAME	RELATIONSHIP WITH CANDIDATE	AGE	EDUCATIONAL QUALIFICATION	OCCUPATION

18. EXTRA CURRICULAR ACTIVITIES (Sports, Literature, Culture etc.)

19. LANGUAGES KNOWN:

S.NO.	LANGUAGE	SPEAK	READ	WRITE

20. UNDERTAKING

I, do hereby declare, that 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 to immediate dismissal from the school. Further, if I get admission here, I consent to undergo the course for its full duration. I undertake that I will not cause disrespect or loss of reputation by indulging in malpractices or immoral or illegal acts which amounts to indiscipline, warrants dismissal from the school.

 Signature of Parent/ Guardian

 Signature of the Applicant

 Name of the Parent/Guardian

 Name of the Applicant

Date: _____

Place: _____

ENCLOSURES: Please tick (✓) the documents attached along with color Application Form. **One self-attested photocopy and two unattested photocopy of:**

- ☐ a) Class 10th Marksheet & Certificate
- ☐ b) Class 12th Marksheet & Certificate
- ☐ c) Class XII Admit Card
- ☐ d) Conduct /Character Certificate
- ☐ e) Migration Certificate from Board
- ☐ f) Birth Certificate
- ☐ g) Aadhaar Card
- ☐ h) Proof of Category (SC/ST/OBC), if applicable
- ☐ i) RC/ IC/ Passport, if foreign candidate
- ☐ j) Five passport size well-groomed photograph in light color dress with white background
- ☐ k) Any other, please specify _____

All certificates in original need to be produced at the time of admission

FOR OFFICE USE ONLY

SUBJECTS	WITH MARKS	% OF FIVE SUBJECTS	% OF FOUR SUBJECTS

CHECKED BY: -

1. Signature Name & Designation:		2. Signature Name & Designation:	
3. Signature Name & Designation		4. Signature Name & Designation	
5. Signature Name & Designation		6. Signature Name & Designation	

Note:

Application should be submitted with a DD for Rs.600/-in favor of
“INDRAPRASTHA MEDICAL CORPORATION LIMITED”, Payable at Delhi.

Completed application with all essential documents along with the DD can be sent to the below mentioned address by post /courier

Apollo School of Nursing
Indraprastha Apollo Hospital
Sarita vihar
Mathura road
New Delhi -110076

The application form will not be accepted without DD or if the DD is outdated.

Apollo School of Nursing will not be responsible for any postal delay in receiving of applications

For any query contact admission cell: Ph: 011-71791693

Mobile No: 9958261791, 9717190760