

APOLLO SCHOOL OF NURSING

(Managed by Srinidhi Education Trust) (Recognized by Government of Karanataka KSNC, KSDNEB, Bengaluru, INC New Delhi) # 71, Mariyappanapalya, Gnanabharathi Post, Kengeri Hobli, Bengaluru - 560 056. Karnataka, India. Ph.: 080-23241584, 23241517 Mob.: +91 9880986925

E-mail: apollonsgblr@columbiacollege.co www.columbiacollege.co

Application for admission to Three for the academic year 20 - 20	Years G.N.M Course	Application No.
	PERSONAL DATA	- 1
	To be filled by the candidate.	
. Name of the Applicant in full (Block lette	ers) as per SSLC Record	
2. Full Name of Father	Affix here your latest Photograph duly attested	
3. Full Name of Mother		
1. Permanent Address		
5. Telephone No.	6. E-mail	
7. Gender	8. Age & Date of Birth	
9. Religion & Sub-Caste		
10.Nationality	11. State to which you	u belong
2. Languages known to speak		
13. Blood Group	14. Aadhar Number	
5. Health Condition (mention if any histor	ry of chronic Illness or Physical de	efect is present)
16. Address to which correspondence has	s to be sent	10.0
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Academic History

CLASS (XII)	Max Marks	Marks Obtained	Instution / School	Year	Place of Study	State	Country
XII							
				-			

ATTESTED COPIES OF CERTIFICATES AND OTHER ENCLOSURES REQUIRED: (Do not enclose originals)

 a. Marks Card: SSLC Marks Car 	a.	Marks	Card:	SSLC	Marks	Card
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12 Std. / II P.U.C. Higher qualification if any

- b. Transfer Certificate
- c. Migration Certificate (Non Karnataka students)
- d. Medical fitness Certificate from a registered Medical Practitioner.
- e. Submit a Identification proof (Voter ID / Pan Card / Passport / Driving License / Aadhar Card)
- 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. Certificate.

Dated :		Signature of the Candidate			
Signature of the Parent / Guardian					
Signature of the Parent / Guardian	FEES				
Name & Address	Ist Year				
	II nd Year		* .		
	III rd Year				
(Relationship)	IV th Year				