



**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 31<sup>ST</sup> DEC 2025 : \_\_\_\_ 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
<div></div> <div>Mob. / Ph. No. (With STD Code)</div>	<div></div> <div>Mob. / Ph. No. (With STD Code)</div>

EXAMINATION PASSED	NAME OF THE INSTITUTION & ADDRESS	BOARD/ UNIVERSITY/ COUNCIL	SUBJECTS	YEAR OF PASSING	%
CLASS 10 <sup>TH</sup>					
CLASS 12 <sup>TH</sup>					
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.)

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**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.

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Signature of Parent/ Guardian

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Signature of the Applicant

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Name of the Parent/Guardian

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Name of the Applicant

Date: \_\_\_\_\_

Place: \_\_\_\_\_

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

- ☐ a) Class 10<sup>th</sup> Marksheet & Certificate
- ☐ b) Class 12<sup>th</sup> 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) Filled Admit Card
- ☐ l) Any other, please specify \_\_\_\_\_

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

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**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.1000/-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





**APOLLO SCHOOL OF NURSING**  
**INDRAPRASTHA APOLLO HOSPITALS**  
Sarita Vihar, Mathura Road, New Delhi-110076, Ph: 011-71791693

**Admit Card**

(To be filled by candidates & submitted along with the Application form)

**Candidate Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Entrance Exam Venue: - Apollo School of Nursing**



(Candidates self-attested photo in white background)

**FOR OFFICE USE ONLY**

**Date of Entrance Exam:** \_\_\_\_\_

**Time of Entrance Exam:** \_\_\_\_\_

**Application No:** \_\_\_\_\_ **Reg. No** \_\_\_\_\_

**Principal**  
**Apollo School of Nursing**

