



# APPLICATION FORM

\* Use Block Letters For Filling Information  
\* It is compulsory to fill all the details.



Full Name : \_\_\_\_\_

Date of Birth : (DD/MM/YYYY)

Place of Birth : \_\_\_\_\_ State \_\_\_\_\_

Academic Qualification : \_\_\_\_\_

Marks obtained in 10th / 12th exam (Please enclosed attested copy of marks card)

Subject	Max. Marks	Marks Obtained	%
ENGLISH			
MATHS			
SCIENCE			

Size Chest \_\_\_\_\_ in/cm, Waist \_\_\_\_\_ in/cm, Weight \_\_\_\_\_ Kg, Shoe Size \_\_\_\_\_

**COURSE APPLIED FOR** : Pre-Sea Training Course for Ratings\*\* General Purpose / Certified Course / Maritime Catering

Fees Paid : \_\_\_\_\_ vide D.D. No : \_\_\_\_\_ dt. \_\_\_\_\_

Passport No : \_\_\_\_\_ Dt. of Issue : \_\_\_\_\_ Place of Issue : \_\_\_\_\_

Are you suffering from any communicable disease(s)? (Yes / No) If Yes, give details on separate sheet

Are you medically fit to undertake the training course (Yes / No)

Name of next of kin to be intimated in case of emergency \_\_\_\_\_

Relationship of next of kin to the applicant. \_\_\_\_\_

**Permanant Address**

**Address of Next Kin**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tel. No. (with STD code) : \_\_\_\_\_

Tel. No. (with STD code) : \_\_\_\_\_

Mob. No.: \_\_\_\_\_

Mob. No.: \_\_\_\_\_

I hereby state that the statements made above are true to the best of my knowledge & belief.

\* as appearing in passport.

\*\* strike off what is not applicable.

\_\_\_\_\_  
(Signature of the Applicant)

## FOR OFFICE USE ONLY

Checked by \_\_\_\_\_ Application no. \_\_\_\_\_ Roll no \_\_\_\_\_

Receipt no. \_\_\_\_\_ Date of Receipt \_\_\_\_\_ INDOS no. \_\_\_\_\_

Course \_\_\_\_\_ Course no. \_\_\_\_\_ Starting date \_\_\_\_\_