

# Training Ship 'Rahaman'

(Recognized by the Dir. Gen of Shipping, Ministry of Shipping Gov of India)

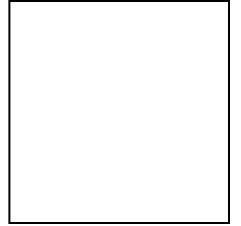
## SIR MOHAMED YUSUF SEAMEN WELFARE FOUNDATION

Registered as a Public charitable Trust under the societies Registration Act. 1860 (Act XXI of 1860) and Public Trust Act 1950 (Maharashtra State) Reg. Off. Jahaz Mahal, 170K Samander Point Estate, Worli, Mumbai 400 018. Phone No. 022-24938740, 2493324

### MEO CLII/MEO CLIV Preparatory Course(Eng).



## APPLICATION FORM



Name of the Course: \_\_\_\_\_

Joining Date: \_\_\_\_\_ Duration: \_\_\_\_\_

❖ NAME OF APPLICANT (BLOCK LETTER):

\_\_\_\_\_  
(Surname) (First Name) (Last Name)  
Nationality:- \_\_\_\_\_ DOB: - \_\_\_\_\_ (DD/MM/YYYY)

CDC No: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_ Valid Upto:- \_\_\_\_\_

Passport No:- \_\_\_\_\_ Issuing Authority: \_\_\_\_\_ Valid Upto: - \_\_\_\_\_

Indian National Data Bes.(INDOs No) :- \_\_\_\_\_

Residential Address: - \_\_\_\_\_

Email Id:- \_\_\_\_\_

Telephone No (Contact No.): - Permanent \_\_\_\_\_ Mobile: \_\_\_\_\_

Educational Qualification: - Degree (Mech/Elect)

DMET	<input type="checkbox"/>	TSR	<input type="checkbox"/>
MERI	<input type="checkbox"/>	T S CHANAKYA	<input type="checkbox"/>
GME	<input type="checkbox"/>	Any other	<input type="checkbox"/>
Direct Apprentice	<input type="checkbox"/>	Direct Entry	<input type="checkbox"/>

❖ **As per the Passport /CDC**

Sr.No	Name of the Ship	GRT/NRT	M/E Power in kw	From	To	Prop Days

**Total Sea Service** \_\_\_\_\_

**Propelling Days**.....

<b>Attach copies of following</b>	YES	NO	NO
Copy of CDC			
PASSPORT			
INDOs Number			
Company Letter			
COC			
Pre Sea Certificate			
Basic Courses			
Any other			

**Total Sea service Short description of a major Breakdown /Five incidents faced during sea service**

I hereby declare that the details filled by me are true and to the best of my knowledge.

Signature of the candidate

Checked by .....

Approved by .....  
Training co-ordinator (Eng/Dept)

**To Be Filled By Account Dept**

Received Rs..... ( ) from Mr.....as a course fee/part of course fee/first installation on.....

Signature of accountant