BSC MHS

TSR: ALL: APLC:14 Page 1of 2

TRAINING SHIP 'RAHAMAN'

SIR MOHAMED YUSUF SEAMEN WELFARE FOUNDATION

Registered under the societies Registration Act, 1860 (Act XXI of 1860) and Public Trust Act, 1950 (Maharashtra State) Reg. Off.: Jahaz Mahal Annexe, 170-K Samander Point. Estate, Worli, Mumbai 400 018.

APPLICATION FORM FOR B.Sc. MARITIME HOSPITALITY STUDIES (AFFILIATED TO UNIVERSITY OF MUMBAI)

Passport size	BATCH NO:
Photograph with white shirt &	DATE OF COMMENCEMENT:
light background	4) FILL NAME (Displayer)
	FULL NAME (Block letters): (AS STATED IN PASSPORT / SCHOOL LEAVING CERTIFICATE)
	2) NATIONALITY: DD/MM/YYYY
	3) DATE OF BIRTH: PLACE OF BIRTH
4) a) RELIGION	(ab) CASTE
c) ABCNO	d) VoterID No.
,	
e) PassportNo	
g) CATEGORY-I	PLEASE TICK THE APPROPRIATE SEAMEN WA
Open OBC	SC ST NT DT VJ Other
5) PERMANENTADDRES	36: 1
E-MAIL :	PIN: TELNO
0) 1015-110-0111-1510	
7) LAST SCHOOL/COLL	LEGE NAME & ADDRESS: PIN CODE
7, 2,10, 00,1002, 0022	VG SHIP RATT PINCODE
8) NAME OF PARENTS/L	
FULL ADDRESS:	1919
E-MAIL:	PIN:
STUDIES do hereby solemnly a	, Anti-ragging Ref Noapply for B.Sc. MARITIME HOSPITALI affirm that the institution fully complies with an anti-ragging policy as promulgated by the University Grant Commission (UG eby confirm that I will strictly comply with said UGC anti-ragging policy.
DATE:	SIGNATURE OF CANDIDATE :
TSR:BSc MHS: CHECKLIS	,
have secured minimum 40	y stream) with any recognized education board Pass with aggregate 40% marks in 10th Standard Candidates must 0% marks in English in 10th / 12th standard exams. (Original with 4 copies) ollege leaving certificate with 2 copies. iii. Medical fitness certificate from DG Approved Doctor .
Nos. (i), (ii) originals retained v	,
Checked by:	v. Original migration certificate vi. Fee receipt
Course Officer:	Date Verified by:
Received All original Certific	cates
Name :	Signature of Candidate & Date

TSR: ALL: APLC:14 Pg. 2 of 2

UNDER TAKING BY THE CANDIDATE'S PARENT/LOCAL GUARDIAN:

To, The Principal -TSR / Director-Catering Training, Training Ship "Rahaman", Nhava, Panvel Taluka, Dist. Raigad-410206 - Maharashtra.
Sir,
I undertake to pay the training charges in full or installments as per the prescribed fee schedule. If I fail to make the aforesaid payments, and, if it is found that during the period of training my son / ward has deliberately flouted the rules and regulations of the Training Ship, the Disciplinary Committee of the Institution shall be at liberty to discontinue his training and ask him to leave the Training Ship at any time. I also give an undertaking that the Governing Council, Management, or any other Foundation Staff will not be held responsible in any way whatsoever, for any accident or injury suffered by my son / ward during the course of his training at Nhava, or whilst going / returning from shore leave or whilst on shore leave.
I do hereby solemnly affirm that the institution fully complies with an anti-ragging policy as promulgated by the University Grant Commission (UGC). With reference this I do hereby confirm that my son/daughter/ward will strictly comply with said UGC anti-ragging policy.
Further I consent to any emergency medical treatment of my ward including hospitalisation which might become necessary, and I agree to pay for the same.
Name & Signature of Parent / Local Guardian.
Date:
How did you come to know about T.S. Rahaman ☐ News Paper / ☐ Career Seminar ☐ Reference ☐ Magazines ☐ Other
read & understood the policies rules &
regulations of Training Ship Rahaman and shall abide by it, NOT WORDS
Name & Signature of Candidate
Date :