

**TRAINING SHIP RAHAMAN  
APPLICATION FORM**



SR.NO.                      COURSE NAME                      COURSE DATE                      BATCH NO:

**PERSONAL DETAILS**

NAME OF APPLICANT: \_\_\_\_\_

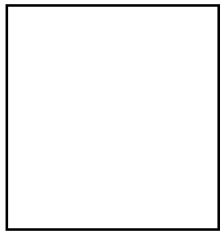
NATIONALITY : \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CDC. NO: \_\_\_\_\_ PASSPORT NO.: \_\_\_\_\_

INDoS No.: \_\_\_\_\_ ENROLLMENT NO: \_\_\_\_\_

CERT. OF COMPETENCY: \_\_\_\_\_ C.O.C. NO.: \_\_\_\_\_

SHIPPING COMPANY: \_\_\_\_\_



**DECLARATION:**

I HEREBY DECLARE THAT TO THE BEST OF KNOWLEDGE AND BELIEF, THE INFORMATION GIVEN ABOVE IS TRUE ANY VALUABLES BROUGHT BY ME TO TSR ARE AT MY OWN RISK AND I SHALL NOT HOLD TSR'S OR TSR MANAGEMENT RESPONSIBLE FOR THEIR THEFT OR LOSS.

**UNDERTAKING:**

I HEREBY INDEMNIFY THE T S RAHAMAN ITS MANAGEMENT AND ITS OFFICERS FROM ANY CLAIM WHATSOEVER ARISING FROM PERSONAL INJURY, DEATH, SICKNESS OR ANY OTHER HARM SUFFERED BY ME AS A RESULT OF MY UNDERGOING THE SAID COURSE. I CONSENT TO ANY EMERGENCY MEDICAL TREATMENT WHICH MIGHT BE NECESSARY, AND TO PAY ALL CHARGES CONNECTED THEREWITH TO THE FOUNDATION AND IN THE EVENT OF MY SUSTAINING ANY INJURY OR ILLNESS DURING THE PERIOD OF MY TRAINING AT, 'T.S RAHAMAN' WHICH MAY WARRANT HOSPITALISATION, I OR MY NEXT OF KIN / RELATIVE WHOSE NAME AND ADDRESS IS MENTIONED BELOW SHALL BEAR IN FULL, ALL THE EXPENSES INCURRED FOR MY HOSPITALISATION BEFORE MY DISCHARGE FROM THE HOSPITAL, AND ABSOLVE SIR MOHAMED YUSUF SEAMEN WELFARE FOUNDATION FROM ANY FINANCIAL OR OTHER RESPONSIBILITY. WHATSOEVER FOR THE SAID TREATMENT.

NAME, ADDRESS & TELEPHONE NO. NEXT OF KIN / RELATIVE:

NAME: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

RELATIONSHIP WITH APPLICANT \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL ID: \_\_\_\_\_

**\* I HAVE READ TERMS & CONDITIONS, CANCELLATION POLICY AND COURSE REQUIREMENTS ON T.S. RAHAMAN WEBSITE.**

SIGNATURE OF CANDIDATE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

FEES RECEIVED : YES / NO RECEIPT NO \_\_\_\_\_ DATE \_\_\_\_\_ PAID AT \_\_\_\_\_

RESIDENTIAL / NON RESIDENTIAL : \_\_\_\_\_ CERTIFICATE NO: \_\_\_\_\_

SIGNATURE OF BOOKING CLERK: \_\_\_\_\_