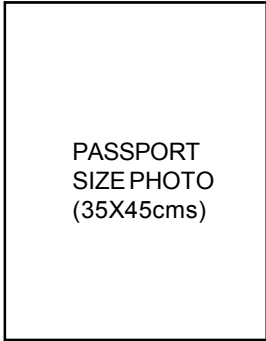




**APPLICATION FORM FOR
GMDSS (AMERC UK) COURSE**

(This course is not approved by the Director General of Shipping,
Government of India, Mumbai, but an MCA UK approved course)



PASSPORT
SIZE PHOTO
(35X45cms)

BATCH NO : _____

DURATION OF COURSE FROM : _____ TO _____

NAME OF APPLICANT (BLOCK LETTERS): _____
FULL NAME AS YOU WANT ON THE CERTIFICATE

FATHER'S NAME _____

NATIONALITY _____ DATE / PLACE OF BIRTH _____
(DD/MM/YY)

C.D.C NO. _____ PASSPORT NO.: _____

GRADE / CERT. OF COMPETENCY NO. : _____

RANK / CATEGORY OF CANDIDATE _____

Mumbai Contact No. : _____

Height: _____ **Res. / Non Res**

Email: _____

SHIPPING COMPANY : _____

Have you appeared for the AMERC (UK) GMDSS GOC exam before? **YES / NO**
If Yes, where / when : _____

THE FOLLOWING DOCUMENTS ARE HEREWITH ATTACHED :

1. ORIGINAL RECEIPT TOWARDS COURSE FEES PAID
2. 4 COPIES OF PASSPORT SIZE PHOTOGRAPHS (size 35X45 cms)
3. PROOF OF AGE (CANDIDATE TO BE ABOVE 18 YEARS)

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 _____

DECLARATION:

I HEREBY INDEMNIFY THE SMYSW FOUNDATION, ITS CAPTAIN SUPERINTENDENT 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 SMYSW FOUNDATION FROM ANY FINANCIAL OR OTHER RESPONSIBILITY WHATSOEVER FOR THE SAID TREATMENT.

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

E-MAIL: _____ PIN: _____ TELEPHONE
NO. _____SIGNATURE OF CANDIDATE: _____ DATE:
_____**CHECK LIST : TSR : GMDSS GOC AMERC****CONDITIONS FOR ADMISSION**

- 1) Original Receipt towards course fees paid.
- 2) 4 copies of photographs (size 35X45 cms).
- 3) Age verified (not below 18 years on date of exam)

Checked by : _____