APPLICATION FORM FOR
GMDSS (GOVT. OF INDIA) COURSE

PASSPORT
SIZE PHOTO

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)

PASSPORT NO.: _____ C.D.C NO. _____ INDOS No. _____

10 + 2 MARKSHEET No. _____ DATE: _____

GRADE/CERT. OF COMPETENCY NO.   : _____

RANK / CATEGORY OF CANDIDATE   : _____

Mumbai Contact No.   : _____

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

Email:_____

SHIPPING COMPANY   : _____

THE FOLLOWING DOCUMENTS ARE HEREWITH ATTACHED :
1. ORIGINAL RECEIPT TOWARDS COURSES FEES PAID
2. 6 COPIES OF PHOTOGRAPHS
3. ATTESTED COPY OF CERTIFICATE OF COMPETENCY OR PROFICIENCY OR 10+2 (PCM)
4. ATTESTED COPY OF PROOF OF AGE AND NATIONALITY

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 GOI

CONDITIONS FOR ADMISSION

1)   Original Receipt towards course fees paid.
2)   6 copies of photographs (Similar).
3)   Attested copy of COP or COC or 10 + 2 (PCM).
4)   Attested copy of proof of age / nationality.

Checked by : _____