

**TRAINING SHIP RAHAMAN  
RUTC**

REV. NO. 01  
REV. DATE: 24-05-2017

TSR:ALL:APPL:01  
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PASSPORT  
SIZE PHOTO

**APPLICATION FORM**

**APPLICATION FORM FOR STCW COURSES :** COURSE : \_\_\_\_\_

DURATION FROM \_\_\_\_\_ TO \_\_\_\_\_

NAME OF APPLICANT (BLOCK LETTERS) \_\_\_\_\_

NATIONALITY \_\_\_\_\_ SURNAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
(DD/MM/YY)

C. D. C. NO. \_\_\_\_\_ PASSPORT NO. \_\_\_\_\_

INDIAN NATIONAL DATABASE (INDos No.) \_\_\_\_\_

GRADE / CERT. OF COMPETENCY No. \_\_\_\_\_

RANK / CATEGORY OF CANDIDATE \_\_\_\_\_

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

**DECLARATION :**

I HEREBY INDEMNIFY THE SMYSW FOUNDATION, 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 : \_\_\_\_\_  
\_\_\_\_\_

E-MAIL: \_\_\_\_\_ PIN: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

**THE FOLLOWING DOCUMENTS ARE HERE WITH ATTACHED :**

1. ORIGINAL AND PHOTOCOPY OF CDC, PASSPORT, CERT. OF COMPETENCY
2. ORIGINAL RECEIPT TOWARDS COURSE FEES PAID.
3. 3 PASSPORT SIZE COLOUR PHOTOGRAPHS.
4. INDOS
5. MEO Class IV / II / I

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 \_\_\_\_\_

**CHECKLIST FOR TSR: RUTC**  
**CONDITIONS FOR ADMISSION**

1. CDC / Passport
2. COC / Grade
3. 3 Passport size colour photographs
4. INDOS
5. MEO Class IV / II / I

Checked by : \_\_\_\_\_



Blank area for candidate details and application information, including fields for name, date, and signature.

FOR OFFICE USE ONLY

Blank area for administrative use, including fields for date, account ID, and other office-related information.