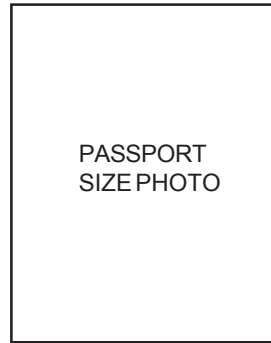




**APPLICATION FORM FOR
GMDSS (AMERC) COURSE**



BATCH NO : _____

DURATION OF COURSE FROM : _____ TO _____

NAME OF APPLICANT (BLOCK LETTERS) : _____
SURNAME FIRST MIDDLE

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

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

GRADE/CERT. OF COMPETENCY NO. : _____

RANK / CATEGORY OF CANDIDATE : _____

SHIPPING COMPANY : _____

ARE YOU FAMILIAR WITH THE USE OF COMPUTER **YES / NO**
DO YOU INTEND DOING THE PRE-GMDSS COURSE **YES / NO**

Mumbai Contact No. : _____

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

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
 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 (Similar).
- 3) Age verified (not below 18 years on date of exam)

Checked by : _____