

APPLICATION FORM



COURSE: _____

DURATION FROM _____ TO _____

NAME OF APPLICANT (BLOCKLETTERS) _____
SURNAME FIRST MIDDLE

NATIONALITY _____ 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 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. _____

THE FOLLOWING DOCUMENTS ARE HERE WITH ATTACHED :

1. ORIGINAL AND PHOTOCOPY OF CDC/PASSPORT
2. ORIGINAL RECEIPT TOWARDS COURSE FEES PAID.

SIGNATURE OF CANDIDATE : _____ DATE : _____

TRAINING SHIP RAHAMAN
SIR MOHAMED YUSUF SEAMEN WELFARE FOUNDATION
Jahaz Mahal Annexe, 170-K, Samander Pt. Est., Worli, Mumbai 400 018

COURSE ADMISSION PASS

NO. _____ DATE : _____

NAME : _____
SURNAME FIRST MIDDLE

DATE OF BIRTH : _____ COURSE : _____
(DD/MM/YYYY)

COURSE DATE : _____ CDC NO. _____ PP NO. _____

SIGNATURE OF CANDIDATE : _____

FEES RECEIVED : YES / NO RECEIPT NO. _____ DATED _____

SIGNATURE OF BOOKING CLERK _____

PASSPORT
SIZE PHOTO

CHECK LIST FOR RANSCO

1. Certificate of Competency
2. At least 6 Months Watch Keeping Experience (Watchkeeping Certificate, CDC as Watchkeeping Officer)
3. Photocopy of C.D.C.
4. Photocopy of Passport
5. Two Passport size Photographs

Checked by: _____

Verified by: _____

CHECK LIST FOR ROC / ARPA

1. Minimum 6 months Sea time (Company letter, (or) CDC entry as a Cadet)
2. Photocopy of C.D.C.
3. Photocopy of Passport
4. Two Passport size Photographs

Checked by: _____

Verified by: _____