



# MARITIME FOUNDATION

(APPROVED BY D. G. SHIPPING, GOVT. OF INDIA)

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Affix your recent  
Passport size  
attested coloured  
photograph

## **APPLICATION FORM FOR PRE SEA TRAINING**

Application No:

Course Applied for (select as appropriate):

GRADUATE MARINE ENGINEERING (GME)  DIPLOMA IN MARINE ENGINEERING (DME)   
 DIPLOMA IN NAUTICAL SCIENCE (DNS)  GENERAL PURPOSE RATING (GPR)

1.	NAME OF THE APPLICANT (IN BLOCK LETTERS AS PER PASSPORT /XTH STD CERT.)	:				
2.	DATE OF BIRTH	:		Age:	Y	M
3.	PLACE OF BIRTH & NATIONALITY	:				
4.	PERMANENT ADDRESS WITH ( H. No., Street PO/ Village, District, State & Pin code)	:				
		:	Tel. No.	STD Code		
		:	Email ID:			
5.	PRESENT ADDRESS WITH ( H. No., Street PO/ Village, District, State & Pin code)	:				
		:	Tel. No.	STD Code		
6.	SPONSOR NAME	:				
7.	FATHER'S NAME	:				
8.	FATHER'S OCCUPATION	:				
9.	MOTHER'S NAME	:				
10.	NAME OF NEXT OF KIN	:				

11.	RELATION SHIP WITH NEXT OF KIN	:	
12.	ADDRESS OF NEXT OF KIN ( H. No., Street PO/ Village, District, State & Pin code)	:	
13.	PASSPORT NO.	:	
14..	RELIGION	:	

<b>15. EDUCATIONAL QUALIFICATIONS</b>					
<b>Sl. No.</b>	<b>NAME OF THE QUALIFYING EXAM</b>	<b>:</b>	<b>YEAR OF PASSING</b>	<b>BOARD / UNIVERSITY</b>	<b>% OBTAINED</b>
1.	XTH STD	:			
2.	XIITH STD	:			
3.	DIPLOMA	:			
4.	GRADUATION	:			

<b>16. MEDICAL / PHYSICAL DETAILS</b>					
	BLOOD GROUP	:			
	HEIGHT (IN CMS)	:			
	COLOR OF HAIR	:		COLOR OF EYES	
	VISIBLE IDENTIFICATION MARKS	:			

**DECLARATION:**

I hereby declare, to the best of my knowledge that the information given above are true. In the event of any information furnished by me is found to be incorrect or false, I agree to rejection/termination of the candidature/admission and forgo any claim whatsoever.

I am aware of the personal safety aspects while under training and that I do not suffer from any illness or disability that may hamper the various physical exercises to be carried out during the courses as part of the training programme. I confirm that I shall maintain strict discipline and adhere to all safety precautions during the course period. Maritime Foundation or any other organization involved in the training will not be held responsible in any way, for any accident, injury or death during the training period.

I also agree to sign the standard Agreement with Maritime Foundation. I will also abide by

the Campus and Hostel Rules.

Date:

Signature of Applicant

Place:

Witnessed by Parent/Guardian:

Signature:

Name:

Relationship:

**FOR OFFICE USE ONLY**

**(APPLICANT SHOULD NOT FILL THIS SECTION)**

Roll No: -----

Batch No. ----- Date:-----

Checked By: -----  
(as per DGS Guidelines)

**Eligibility:**

Age:

Mark sheet Verified By:

Medical Test Report:

Colour Blindness:

COURSE NAME :-----

DURATION : FROM ----- TO -----

Selected

Rejected

Waitlisted

**Payment details:**

Cash / Demand Draft No:

Date:

Amount Received: Rs.

Receipt No:

Date:

Balance Due: Rs.