



## GANPATI MARINE SERVICES

70, Netaji Subhas Road, Gazipur More, Rajpur  
Kolkata-700149, West Bengal

ALL TRAINING INSTITUTE APPROVED BY THE D.G.SHIPPING (GOVT.  
OF India)

### APPLICATION FORM FOR PRE-SEA TRAINING

COURSE NAME \_\_\_\_\_

#### PERSONAL PARTICULARS :

NAME \_\_\_\_\_  
(BLOCK LETTER AS PER SCHOOL CERTIFICATE)

FATHER'S/GUARDIAN NAME \_\_\_\_\_

CONTACT NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ STATE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_ PIN \_\_\_\_\_

CONTACT NO. MOBILE (1) \_\_\_\_\_ (2) \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT (Kgs) \_\_\_\_\_ FOOD: Vegetarian/Non-Vegetarian

#### EDUCATIONAL QUALIFICATION :

| Percentage of marks obtained in 10 <sup>th</sup> pass (& in +2 Levels, if any) |                 |             |                    |           |                               |
|--|-----------------|-------------|--------------------|-----------|-------------------------------|
| Examination passed   | Year of Passing | Aggregate % | % marks in English | PCM marks | Name of the Board/ University |
|  |                 |             |                    |           |                               |
|  |                 |             |                    |           |                               |
|  |                 |             |                    |           |                               |

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EYE SIGHT :

LEFT EYE \_\_\_\_\_ RIGHT EYE \_\_\_\_\_ (Both eye visions 6/6 is mandatory)

COLOUR BLINDNESS    YES    NO

PASSPORT DETAILS :

PASSPORT NO. \_\_\_\_\_ ISSUED AT \_\_\_\_\_

VALID UPTO \_\_\_\_\_ NATIONALITY \_\_\_\_\_

**DECLARATION**

I solemnly declare that the information contained in this Application Form is true to the best of my knowledge and belief. I have not withheld any material/information that would affect my Application / Selection should any information be found incorrect. I understand that the INSTITUTE reserves the right to terminate my training without any refund of my fees and INSTITUTE will not be liable to compensate me in any way.

I am aware that I may be subjected to any medical test for selection, and at any time during my training, if found positive or if I am found medically unfit, my training may be terminated and I agree to bear all expenses towards my training/treatment as the INSTITUTE may deem fit.

I agree to produce the Original of all my certificates at the time of my interview and whenever required.

I have read and understood the contents of the prospectus and I agree to abide by of the terms and conditions contained therein.

I am aware and agree that after selection and joining training institute, should I withdraw for any reason, no money will be refunded.

\_\_\_\_\_  
(SIGNATURE OF CANDIDATE)

DATE \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF FATHER/GUARDIAN)

DATE \_\_\_\_\_