OCEANIC MARITIME ACADEMY

Your gateway to the marine world

PRE SEA TRAINING FOR G.P RATINGS

(Approved By Director General of shipping)
Ministry of shipping, Govt. Of India

Office : 14/1 Anand Vihar, Kaulagarh Road, Dehradun- 248001 (Uttarakhand)
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ADMISSION FOR PRE SEA TRAINING COURSE FOR G.P. RATINGS

Batch No.	APPLICATION FORM	

NAME IN BLOCK LETTERS As per 10th Std. Certificate			
DATE OF BIRTH {DD/MM/YY}			
PLACE OF BIRTH			
FATHER'S NAME			
PERMANENT ADDRESS			
TELEPHONE NUMBER WITH STD CODE			
E-mail			
NATIONALITY			
PASSPORT NUMBER {IF ANY}			
PLACE OF ISSUE			

ACADEMIC QUALIFICATION	YEAR OF PASSED	OVERALL PERCENTAGE	BOARD/UNIVERSITY
CLASS X Equivalent			
CLASS XII Equivalent			

ATTACH ATTESTED COPY OF MARK SHEET		
SWIMMING	YES/NO	
PHYSICAL FITNESS	HIEGHT in cms. :	WIEGHT in kg. :
EYESIGHT		
COLOR BLINDNESS		
IDENTIFICATION MARKS		

DECLARATION

I HEREBY DECLARE THAT ALL THE INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE & BELIEF. THE ORIGINAL CERTIFICATE WILL BE PRODUCED FOR VERIFICATION AT THE TIME OF ADMISSION. 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 HEREBY ALSO DECLARE THAT THE FREE ONCE PAID WILL NOT BE REFUNDABLE AT ANY CIRCUMSTANCES WHATSOEVER.

_____   _____
SIGNATURE OF THE APPLICANT   SIGNATURE OF THE PARENTS/GUARDIAN

DATE:

PLACE:

ENCLOSURES   { Please mention documents you have enclosed}

1 :-

2:-

3:-

4:-

5:-

6:-

FOR OFFICE USE ONLY

1. Registration Number & Date   :

2. Scrutinized by
   {As per D.G Shipping Guidelines}   :

3. Call letter sent on   :

4. Date of Reporting   :

5. Medical Test Reporting   :

6. Payment Details   :

OMA/F/ADMIN/12/RO