

DATE. _____



Two Recent
Passport Size
Photographs

OCEANIC MARITIME ACADEMY

Regd. Office : 14/1, Anand Vihar, Kaulagarh Road, Dehradun (U.K)
Campus : 197 Ka/2, 197 Bha/1, Village-Sherpur, Shimla Bypass road Dheradun(UK)
Tel. : 0135-3246604, Mob.: 9458978336, 9324039175 • Email : thakur_dasskappor@yahoo.com/
Oceanicmaritimeacademy@yahoo.com

REGISTRATION FORM

Name of the Course _____

Admission code _____ / ____ / ____ / ____ W.E.F _____

PERSONAL PARTICULAR : (WRITE PARTICULARS IN THE CAPITAL LETTERS)

Full Name (As per school certificate/passport) _____

Date of Birth Rank (Designation) _____

Address _____

Phone No. (If any) _____

INDOS No. _____

PASSPORT DETAILS

| Passport No. | Date of Issue | Place of issue | Validity |
|--------------|---------------|----------------|----------|
| | | | |

CDC DETAILS

| CDC No. | Date of Issue | Place of issue | Validity |
|---------|---------------|----------------|----------|
| | | | |

ACADEMIC PARTICULARS

Education Qualification : _____

PRE-SEA TRAINING ATTENDED (IF ANY)

Name & year Passed

Out _____

APPRENTICESHIP

Shipping Company/Workshop & Period of Sea Service / Work Time _____

Present Rank _____

Certificate held at Present _____

Grade _____ **Certificate No** _____

Place & Date of Issue _____

Declaration :- All Information furnished by me are true. I have enclosed all required documents as per Academy directive.

Signature of Course Instructor/Officer

Signature of Candidate

FOR OFFICE USE ONLY

Verification (By Training Section)

Certificate No. _____

Fees Details / Receipt No. _____ **Date** _____

Signature of the G.M. ADMIN

Signature of Principal/M.R. P

OMA/F/STCW ADMIN/02/RO