

APPLICATION FORM FOR EFA



Passport size
photo

with white shirt
& without tie

NO:

NAME IN FULL (BLOCK LETTERS):

(AS Stated in passport or school leaving certificate):.....

Date of Birth:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Age:

Place of Birth:

Identification Mark:

Father Name: Occupation:

Local Guardian's Name: Relationship:

Address: communication: Permanent:

Pin No:

Pin No:.....

Phone Number:

Nearest Police Station:.....

Passport No (If any):.....

Nationality:

Academic Qualification:

| Name of exam | Year of Passing | Overall % | English | Board / University |
|---|-----------------|-----------|---------|--------------------|
| SSC/ (10 th) equivalents | | | | |
| HSC/ (12 th)equivalents | | | | |

Swimming (Yes/ No):.....

UNDERTAKING BY THE CANDIDATE:

To,

The Captain Superintendent,
Columbus Maritime Training Institute,
Vaitarna Road, Ghanepada Khardi(w), Thane421304-Maharashtra

Sir,

I undertake to pay the training charges in Advance as prescribed by the Governing Council. If it is found that during the period of training I deliberately flouted the rules and regulations of the Training Institute, the Governing Council shall be at liberty to discontinue my training and ask me to leave the Training Institute at any time. I also give an undertaking that the Governing Council will not be held responsible in any way whatsoever, for any accident or injury suffered by me during the course of my training at our Institute or outside, or while going/returning from leave.

Further I consent to any emergency medical treatment including hospitalizations which might becomes necessary, and I agree to pay for the same

You're faithfully,

Name & signature candidate

date

DECLARATION OF THE APPLICANT

I hereby declare that all the information furnished in this application is true and correct to the best of our knowledge and belief. The original Certificates 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 admission and go for any claim whatsoever

Date

Place

Enclosures (please mention documents you have enclosed)

- 1
- 2
- 3
- 4

signature of the candidate

FOR OFFICE USE ONLY-CHECK LIST 1

CONDITIONS FOR ADMISSION

- 1. Nationality proof Ration Card/Passport/Election Card
- 2. Mark sheet obtained in SSC/ HSC or equivalent examination.
- 3. Photo copy of School / College Leaving Certificate.
- 4. Medical Fitness Certificate (with 3 Xerox Copies) from the D.G Approved Doctor.

Fee Receipt NO -----

Date :-----

Checked By:-----

Verified By:-----