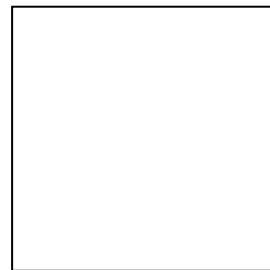




MARITIME FOUNDATION

New No.30, Old No.13, JAYALAKSHMIPURAM 1ST STREET,
NUNGAMBAKKAM, CHENNAI- 600 034 Tel: 044 28236869, 42141465 Fax: 28237172
E Mail : mfipl@yahoo.co.in, www.maritime-foundation.com



APPLICATION FORM - STCW MODULAR and VALUE ADDED COURSES

01. COURSE DEATAILS	BATCH NO.	ROLL NO.
Course applied for:	Course Date:	Payment Details : (Office use only)
	From :	Receipt No. & Date :.....
	To :	Amount Rs.....

02. PERSONAL DETAILS	
Name of the Applicant (in capital letters)	
Date of Birth:	Place of Birth:
Permanent Address	Present Address
Ph. No.	Ph. No.
Educational Qualification	Passport No.
	Indos No.

03. PROFESSIONAL DETAILS	
Rank :	CDC No.
Certificate of Competency:	a) Grade
	b) No.:.....
Sea Service : Years:..... Months..... Days.....	

04. How Did you know about Maritime Foundation: _____

DECLARATION:

I hereby declare, to the best of my knowledge that the information given above are true. 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 its 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 this course.

DATE : _____

Signature of Applicant _____

FOR OFFICE USE ONLY

The information furnished above is verified with original documents produced and found to be in order. The Candidate is suitable for admission as per entry standards. The candidate is admitted for the above course.

Manager (Admin)

Director