

No.:

INTERNATIONAL CRUISE AND MARINE TRAINING INSTITUTE MARINE • CRUISE • HOSPITALITY

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DECK & ENGINE (G.P.) RATING

CERTIFICATE COURSE IN MARITIME CATERING

B. Sc. NAUTICALL SCIENCE

□ ORIENTATION COURSE FOR CATERING PERSONNEL

ELECTRO TECHNICAL OFFFICER (ETO)

GRADUATE IN MARINE ENGINEERING

B.Sc. HOSPITALITY STUDIES (MUMBAI UNIVERSITY)

DIPLOMA COURSE IN HOTEL OPERATION

CERTIFICATE COURSE IN CULINARY ARTS

Affix your recent Passport Size Attested Coloured Photograph (40 mm x 30 mm)

APPLICATION FORM

1.	Name in Full (In Block Letters as per 10th Std. Cert.)	:					
2.	Date of Birth	:		Age :	Years	: M	onths :
3.	Place Of Birth	:		·		·	
4.	Local Guardian's Name Address And Relationship	:					
					Relatio	onship :	
			Mobile No.:		Mobile	e No.:	
5.	Email ID	:					
6.	Permanent Address	:	Mobile No.:				
7.	Nationality	:					
8.	Passport No. (If Any)	:			Place of Issue	:	
9.	INDOS No. (If Available)	:					
10.	Father's Name	:			Occupation :		
11.	Academic Qualification Class X / Equivalent	:	Year Passed	Overall % age	English % age	P.C.M. % age	Board/University
	Class XII / Equivalent						

	B. Sc.	:							
	B. E. / B. Tech. And Others () (Attach Attested Copies of Mark Sheet's)								
12.	Swimming	:	(Yes / No)			Hobl	oies :		
13.	Physical Fitness	:	Height		Cms.		Weight		Kgs.
14.	Eyesight	:	Normal (Yes	s/No)		Colo	ur Blindı	ness (Yes/No)	
15.	Chest	:	Unexpanded	d			Expand	led	Cms.
16.	Identification Marks	:			-		-		

Form No. : _____

Rev. No. : _____

Rev. Date : _____

17.	Extra Curricular Activities (Attached Copies)	:			
18.	Are you a ward of a Seafarer	:	(Yes/No)	CDC No. of the Guardian :	•
19.	Are you Sponsored by any Shipping Company (Attach Sponsorship Letter)	:	(Yes/No)	Company Nam	e :

JOINT DECLARATION BY THE APPLICANT AND PARENT / GUARDIAN

We hereby declare that all the information furnished in this application is true & correct to the best of our knowledge & belief. The original Certificate will be produced for verification at the time of admission. In the event of any information furnished by us is found to be incorrect or false, we agree to rejection/termination of the candidate/admission and forgo any claim whatsoever. I undertake and agree that neither I nor my executors, administrators or any other legal representative will make any claim against the Principal or ICMI or against any person in the service of ICMI in respect of any loss or injury to the property or person injury resulting in death which the said student may suffer while the said student is/or in consequence of the said student undergoing training at ICMI. In case the applicant withdraw from the course before commencement of the course or does not report on the day of commencement of course. I or we shall not ask for any refund or transfer of any fees and Candidate has to pay entire course fees. I or we also understood that ICMI is not having any responsibility if any students/ parents/guardians paying any money to any agents or any persons for admission or job. I or we have understood the rules & regulations Any Disputes are subject to Mumbai Jurisdiction.

Date : _____ Signature of the Applicant :

Place : ______ Signature of the Parent / Guardian : ____

Note : Kindly submit 2 recent photographs & attested copy of all certificate along with application.

ENCLOSURES : (Please mention Documents you have enclosed)

- 1.
- 2.
- 3.
- 4.

FOR OFFICE USE ONLY

(THIS SHOULD NOT BE FILLED BY APPLICANT)

Scrutinized By :	Registration No. and Date :								
Medical Test Report : Fit Unfit Selected : Rejected Wait Listed Verification of Original Documents:	Scrutinized By :								
Selected : Rejected Wait Listed Verification of Original Documents:	Date of Reporting :								
Verification of Original Documents:	Medical Test Report :	Fit	Unfit						
•	Selected :	Rejected	Wait Listed						
Payment Details : Signature :	Verification of Original Documents:								
	Payment Details :		Signature :						