



# ANGLO-EASTERN MARITIME ACADEMY

Sec: Course

Date: 20.08.2018

Ver: 02

Rev: 00

Prep: SN

Appr: PKC

Page 1 of 2

## COURSE ENTRY FORM

AEMA Roll No.: \_\_\_\_\_ (To be filled by AEMA)

Fill in all particulars applicable CLEARLY IN CAPITAL letters.

Course Enrolled for: \_\_\_\_\_

Course Batch No.: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Colour passport size photo of candidate to be pasted here. Additionally one photograph to be submitted along with this application form.

### PERSONAL PARTICULARS

NAME : (Expand all Initials)

(First Name)

(Middle Name)

(Surname)

DATE OF BIRTH:

(DD/MMM/YYYY)

PLACE OF BIRTH:

NATIONALITY:

BLOOD GROUP:

PRESENT ADDRESS:

PIN CODE:

MOBILE/ TELEPHONE NUMBER:

E-MAIL ADDRESS:

PERMANENT ADDRESS: (If different from present address)

PIN CODE:

MOBILE/ TELEPHONE NUMBER:

NEXT OF KIN :

RELATIONSHIP :

ADDRESS :

PIN CODE:

TELEPHONE NUMBER: (specify the code if any)

MOBILE NUMBER:

E-MAIL ADDRESS:

ADDRESS OF GUARDIAN IN MUMBAI/PUNE : (if any)

PIN CODE:

TELEPHONE NUMBER: (specify the code if any)

MOBILE NUMBER:

E-MAIL ADDRESS:

<b>PASSPORT NUMBER:</b>	
<b>PLACE OF ISSUE:</b>	
<b>DATE OF ISSUE:</b> (DD/MMM/YYYY)	
<b>REGISTRATION NUMBER:</b> (If applied for passport)	
<b>DATE OF APPLICATION:</b> (DD/MMM/YYYY)	

<b>X<sup>th</sup> MARK SHEET NUMBER</b>	
<b>BOARD</b>	
<b>PERCENTAGE OBTAINED</b>	English: Overall :

<b>XII<sup>th</sup> MARK SHEET NUMBER</b>	
<b>BOARD</b>	
<b>PERCENTAGE</b>	English: PCM: Overall :

<b>DIPLOMA CERTIFICATE NUMBER</b>	
<b>UNIVERSITY/ BOARD</b>	
<b>PERCENTAGE OBTAINED</b>	

<b>QUALIFYING EXAM (e.g. B.Sc./ B.E.) CERT NO.</b>	
<b>UNIVERSITY</b>	
<b>PERCENTAGE OBTAINED</b>	

<b>DETAILS MEDICAL FITNESS TEST</b>	
<b>NAME OF DOCTOR</b>	
<b>PLACE OF ISSUE</b>	
<b>DATE OF ISSUE (DD/MMM/YYYY)</b>	

<b>DETAILS EYE SIGHT TEST</b>	
<b>NAME OF DOCTOR</b>	
<b>PLACE OF ISSUE</b>	
<b>DATE OF ISSUE (DD/MMM/YYYY)</b>	

<b>DECLARATION:</b>	
I hereby declare, to the best of my knowledge, that the information given above is true. On admission, I undertake to attend all classes regularly and punctually and to comply with all rules and regulation of the Training Institute.	
Date:	Signature of candidate:
<b>VERIFIED BY:</b>	<b>REMARK:</b>
<b>SIGNATURE :</b>	
<b>(Signature of Course in-charge)</b>	<b>DATE:</b>

Note: This form is to be filled up and submitted by the cadet on the date of joining Academy.