



Centre for Maritime Education and Training - Lucknow

Off.: "CMET Campus" Saraiyyan Bazar, Off Sitapur Road, N.H.-24, Bakshi Ka Talab,
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APPLICATION FORM - MODULAR COURSES

Course	Batch Code	Batch Start Date	Batch End Date

Please affix
Passport
Size Photo

1. Name of the Candidate: _____ 2. Rank: _____

3. Registration No.: _____ 4. INDoS No.: _____

5. Date of Birth (DD/MM/YYYY) : _____ Age on joining (1st Jan/1st July): _____

6. Mobile No.: _____ 7. E-Mail ID.: _____

8. Passport No.: _____ Place of Issue : _____

Date of Issue: _____ Date of Expiry: _____

9. COC No. (If any): _____ Date: _____ Grade: _____

10. CDC No.: _____ Issuing Authority: _____ Date: _____

11. Father's Name: _____ 12. Aadhar No.: _____

13. Address: _____

City: _____ District: _____ State: _____ PIN: _____

14. Emergency Contact Person: _____ Relation: _____ Mobile No.: _____

15. Medical Examination: FIT UNFIT Approved By: _____

16. Hostel Required: YES NO (If yes, please attach a copy of Hostel Application Form)

17. Double Vaccination against Covid completed YES NO REQUIRED

18. Certificate of Competency held (If any): _____

Certificate No.: _____ Date: _____ Grade: _____ Issuing Authority: _____

Required Documents : Please attach self-attested copies of: (1). Passport, 2. INDoS 3. CDC

4. Medical Certificate 5. Last Certificate (Certificate related to course which is Expired/Expiring)

6. Any other certificates 7. Aadhar Card 8. Passport size photos (4 Nos.)

Signature of Candidate Date: _____

Course Co-Ordinator / Course In-charge

19. Record of sea services, last 5 years (Latest ship /descending order)

S. No.	COMPANY	NAME OF THE SHIP	TYPE	RANK	G. R. T.	PERIOD FROM	PERIOD TO

Note: Candidates may attach their Sea-farer profile in lieu of above.

Declaration by the Candidate

I undersigned, voluntarily enrolled myself for trainings courses in individual capacity at CMET, Lucknow. I also understand that risk involved in training, there I shall take all precautions to safeguard myself during training and my stay in campus. I indemnify the management of CMET and its staff against any claim directly or indirectly, for any accident, illness, disability or death or damage to me or my property, which may arise during the training or my stay in the campus.

Place : _____

Date: _____

Signature of Candidate

(FOR OFFICE USE ONLY)

NAME OF COURSE	FROM	TO	COURSE OFFICER	CERTIFICATE NO.

FEE DETAILS

Course Fee :		Discount (If any) :			Fee Payable :	
Payment	Amount	Mode	Payment Date	Receipt No.	Reference No.	
Advance Fee						
P1						
P2						

Exit Exam Date : _____

E-learning Completion Date : _____

Note : Exit Exam Fee must be included in Course Fee & Advance Fee is non refundable.

Signature of Accountant

Date : _____

Signature of Director (E & T)