

Centre for Maritime Education and Training - Lucknow

Off.: "CMET Campus" Saraiyyan Bazar, Off Sitapur Road, N.H.-24, Bakshi Ka Talab, LUCKNOW-(U.P.) India-227202. Tel.: # 0522 - 2735015, Fax : 0522 - 2735016, Cell : +91-9119999608/609/610, E-MAIL : <u>cmetlkw@gmail.com</u>, Website: <u>www.cmetlucknow.com</u>

APPLICATION FORM - MODULAR COURSES

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-MailID. : 8. Passport No.: Place of Issue : Date of Issue : Date of Expiry : 9. COC No. (Ifany) : Date : II. Father's Name : Issuing Authority : II. Father's Name : Issuing Authority : II. Father's Name : Place issue :	Course	Batch Code	Batch Start Date	Batch End Date	
Size Photo					
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16. Hostel Required: YES NO (If yes, please attach a copy of Hostel Application Form)	14. Emergency Conta	ctPerson:	Relatio	on:Mobile	eNo.:
	15. Medical Examina	tion: FIT	UNFIT Appro	ovedBy:	
17. Double Vaccination against Covid completed YES NO REQUIRED	16. Hostel Required :	YES	NO (Ifyes, please	attachacopyofHos	telApplicationForm)
	17. Double Vaccination	on against Covid cor	npleted YES	S NO	REQUIRED
18. Certificate of Competency held (If any):	18. Certificate of Con	npetency held (If any	/):		
Certificate No.:Date:Grade:IssuingAuthority:	Certificate No.:	Date:	Grade:	IssuingAuth	nority:
Required Documents: Please attach self-attested copies of: (1). Passport, 2. INDoS 3. CDC	Required Docum	ents: Please attach	self-attested copies of	:(1). Passport, 2.IN	NDoS 3.CDC
4. Medical Certificate~5. Last Certificate (Certificate related to course which is Expired/Expiring)	4. Medical Certifi	cate 5.LastCertific	ate(Certificate related	l to course which is E	xpired/Expiring)
6. Any other certificates 7. Aadhar Card 8. Passport size photos (4 Nos.)	6. Any other certif	icates 7. Aadhar Car	rd 8. Passport size phot	os (4Nos.)	

Signature of Candidate Date:_____

 $Course\,Co\,\text{-}\,Ordinator/\,Course\,In\text{-}charge$

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

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

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	ТО	COURSE OFFICER	CERTIFICATE NO.

FEE DETAILS

Course Fee :		Discount	(If any) :		Fee Pay	able :
Payment	Amount	Mode	Payment Date	Rece	eipt 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)