



# 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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Cell : +91-9119999608/609/610 , E-MAIL : [cmetlkw@gmail.com](mailto:cmetlkw@gmail.com),  
Website: [www.cmetlucknow.com](http://www.cmetlucknow.com)

## APPLICATION FORM

Course	Batch Code	Batch Start Date	Batch End Date
Basic Safety Training (STCW)			
STSDSD			
BTOCTO			
GTF			

Please affix  
Passport  
Size Photo

- Name of the Candidate: \_\_\_\_\_
- Registration No. \_\_\_\_\_ 3. INDoS No.: \_\_\_\_\_
- Mobile No.: \_\_\_\_\_ 5. E-Mail ID.: \_\_\_\_\_
- Passport No.: \_\_\_\_\_ Place of Issue: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_ Date of Expiry: \_\_\_\_\_
- CDC No.: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_ Date: \_\_\_\_\_
- Date of Birth (DD/MM/YYYY) : \_\_\_\_\_ Age on joining (1st Jan/1st July): \_\_\_\_\_
- Father's Name : \_\_\_\_\_ 10. Aadhar No.: \_\_\_\_\_
- Address : \_\_\_\_\_  
City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ PIN: \_\_\_\_\_
- Emergency Contact Person : \_\_\_\_\_ Relation : \_\_\_\_\_ Mobile No.: \_\_\_\_\_
- Academic Qualification: 10th Passed (Tick the box) :  Yes  No Passing Year: \_\_\_\_\_
- Medical Examination:  FIT  UNFIT Approved By: \_\_\_\_\_
- Hostel Required:  YES  NO (If yes, please attach a copy of Hostel Application Form)
- Vaccination against Covid completed  YES  NO  REQUIRED

**Note :** Attach self-attested copies of - 1) 10<sup>th</sup> Marksheet, 2) Passport, 3) Aadhar Card, 4) Passport size photos (4 Nos)

Date: \_\_\_\_\_

Signature of Candidate

Course Co-Ordinator / Course In-charge

### **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.

I am also informed that CMET-Lucknow is neither involved nor responsible for any kind of placement directly or indirectly after completion of Basic Safety Training Course.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Candidate**

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### **(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**

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Date : \_\_\_\_\_

**Signature of Director (E & T)**