Form No. .....

AQUATECH INSTITUTE OF MARITIME STUDIES

PLOT # 7, ROAD NO. 1, SILVER OAK MARG, GHITORNI, NEW DELHI – 110 030

APPLICATION FORM

Paste one PP size colour photograph here & attach 2 more with your name written on the reverse. (Please do not attest the photographs).

Course Applied For: _____

A) PERSONAL DETAILS

NAME
(As in your school certificate) ----------

DATE OF BIRTH _____ AGE _____
(as on 1st day of the month of commencement of the course)

PRESENT ADDRESS _____
(where now residing)

_____

_____

TELEPHONE NO. _____ OR CONTACT NO. _____
(with STD code)

HEIGHT (Cms.) _____ WEIGHT (Kgs.) _____

FOOD: NON VEGETARIAN / VEGETARIAN

B) EDUCATION

SCHOOL _____ YEAR PASSED (10+2) _____

OVERALL PERCENTAGE _____ % age IN PHYSICS _____

CHEMISTRY _____ MATHS _____ ENGLISH _____

IF B.Sc., YEAR PASSED _____ % age of MARKS _____

C) FAMILY BACKGROUND

FATHER'S FULL NAME_____ PROFESSION _____
(Specify clearly)

MOTHER'S FULL NAME_____ PROFESSION _____
(Specify Clearly)

D) NEXT OF KIN

NAME _____ RELATIONSHIP _____

ADDRESS _____

_____

_____ TEL. No. _____

E) OTHER - ACTIVITIES/HOBBIES

_____

_____

_____

F) CAN YOU SWIM? YES/NO _____ METERS

G) PASSPORT NO. _____ ISSUED AT _____

VALID UPTO _____ NATIONALITY _____

H) DO YOU HAVE ANY CLOSE RELATIVES IN MERCHANT NAVY? (GIVE DETAILS)

_____

_____

I) DECLARATION

1. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE NOT WITHHELD ANY MATERIAL/INFORMATION THAT WOULD AFFECT MY APPLICATION/SELECTION. SHOULD ANY INFORMATION BE FOUND INCORRECT, I UNDERSTAND THAT THE BOARD OF AIMS RESERVES THE RIGHT TO TERMINATE MY TRAINING WITHOUT ANY REFUND OF MY FEES AND THE BOARD OF AIMS WILL NOT BE LIABLE TO COMPENSATE ME IN ANY WAY.
2. I AM AWARE THAT I MAY BE SUBJECTED TO URINE, DRUG, MEDICAL TESTS FOR SELECTION AND AT ANY TIME DURING MY TRAINING, AND IF URINE/DRUG TEST FOUND POSITIVE OR I AM FOUND MEDICALLY UNFIT, MY TRAINING MAY BE TERMINATED AND I AGREE TO BEAR ALL EXPENSES TOWARDS MY TRAINING/TREATMENT AS THE AIMS BOARD MAY DEEM IT.
3. I AGREE TO PRODUCE THE ORIGINALS OF ALL MY CERTIFICATES AT THE TIME OF MY INTERVIEW AND WHENEVER REQUIRED.
4. I HAVE READ AND UNDERSTOOD THE CONTENTS OF THE PROSPECTUS AND AGREE TO ABIDE BY ALL THE TERMS AND CONDITIONS CONTAINED THEREIN.
5. I AM AWARE AND AGREE THAT AFTER SELECTION AND JOINING AIMS SHOULD I WITHDRAW FOR ANY REASON, NO MONEY WILL BE REFUNDED.

SIGNATURE OF CANDIDATE	COUNTER SIGNED (Father/Mother/Legal Guardian)
DATE	NAME
PLACE	RELATIONSHIP

Please ensure the following attested copies are enclosed.

1. SCHOOL LEAVING CERTIFICATE
2. MARKSHEET FOR 10+2/B.Sc./BE (Mech.)
3. CHARACTER CERTIFICATE
4. PROOF OF AGE
5. MEDICAL CERTIFICATES FROM YOUR DOCTOR, INCLUDING EYESIGHT AND COLOUR VISION
6. COLOUR PHOTOGRAPHS - 3 NOS.
7. PROOF OF NATIONALITY (PASSPORT)