



BLUE WATER MARINE ACADEMY

ISO 9001:2008
Certified

Letter No. 3 - TR (79) / 98. Dated 15 / 10 / 1998)
SAHARANWAS,REWARI,HARYANA-123401 (INDIA)
Tel: +91-7404202355, email:hrbluwatermarine@gmail.com website: www.bwmacademy.in

APPLICATION No.
& DATE

Application for Admission
PRE-SEA TRAINING COURSES
(Write the name of the course applying)

LAST DATE FOR
SUBMISSION

COURSE :

OFFICE USE
Batch No :
Roll No :
From _____ To _____

30mm X 40mm
size
Photograph
with
white shirt only

Name: _____
(in Capital Letters)

Date of Birth: _____
Day Month Year Age in Yrs

Name of Parents/ Guardian :
Occupation :
Permanent Address :
(with House No.)
.....Pin Code.....
Nearest Police Station :
Address for Communication :
.....Pin Code.....
Contact Phone No. :
Place of Birth :
Nationality / Religion :
Passport Number :
email ID :

OFFICE USE	PSSR No. :
Indos No. :	PST No. :
BES Cert. No. :	EFA No. :
CDC No. :	FPPF No. :
	OTFC No. :

EDUCATIONAL DETAILS :**10th****+2 / ITI / Degree***

Academic Qualifications :

Name and Address of the School / Institution / College :

(Last Attended)

Pin Code No.

% in 10th Class				% in 10 + 2 / ITI / Degree*	
Total (%)	English (%)	Maths (%)	Science (%)	English (%)	Total (%)
LANGUAGES KNOWN		WRITE	SPEAK	READ	PHYSICAL FITNESS
					Height (in cms)
					Weight (in Kgs)
					Complexion
					Colour of Eyes
					Colour of Hair

IDENTIFICATION MARKS: _____

DOCUMENTS TO SUBMIT ALONG WITH APPLICATION (Attested Copies - Each 3 Copies)	FOR OFFICE USE ONLY
1. Educational Certificates 2. Age Proof Certificate (D.O.B. Certificate & Transfer Certificate) 3. 40 Passport size photos & 20 stamp size photos with white shirt only 4. Tation Card copy 5. Passport Copy	<input type="checkbox"/> SELECTED <input type="checkbox"/> REJECTED Verified by: (As per Guidelines) Admission Criteria : Approved by :

DECLARATION AND AGREEMENT:

I declare that the information provided in this application form is true. I agree to abide by the rules and regulations of the training academy if my application is successful.

Signature of the Applicant :

Date:

Signature of the Parent / Guardian :

Date:

*Write the Name of the Degree with Subject / Group

DETAILS OF FINAL EXAMINATION

Office Use:

Name of Examination Board

Candidate Code No. (Given by Examination Board)

No. of Attempts:

Attempt 1	Year.....	Result.....
Attempt 2	Year.....	Result.....
Attempt 3	Year.....	Result.....
Attempt 4	Year.....	Result.....
Attempt 5	Year.....	Result.....