

## APPLICATION FORM FOR ROSC COURSE



Photograph

BATCH NO.: \_\_\_\_\_

DURATION OF COURSE FROM : \_\_\_\_\_ TO \_\_\_\_\_

NAME OF APPLICANT (BLOCK LETTERS) : \_\_\_\_\_

NATIONALITY \_\_\_\_\_ DATE & PLACE OF BIRTH \_\_\_\_\_

C.D.C. NO. \_\_\_\_\_ PASSPORT NO. \_\_\_\_\_

INDOS NO. \_\_\_\_\_

RANK / CATEGORY OF CANDIDATE : \_\_\_\_\_

SHIPPING COMPANY: \_\_\_\_\_

Bring originals for verification and attach photocopy of

1. Relevant pages of CDC
2. Passport
3. Proof of eligibility criteria (see Overleaf)
4. 4 nos Colour Photographs (45mm X 35mm)

SIGNATURE OF CANDIDATE \_\_\_\_\_ DATE \_\_\_\_\_

### FOR OFFICE USE ONLY

FEES RECEIVED : YES/NO \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ DATE: \_\_\_\_\_ PAID AT \_\_\_\_\_

RESIDENTIAL/ NON RESIDENTIAL \_\_\_\_\_ CERTIFICATE NO. \_\_\_\_\_

## DECLARATION:

I HEREBY INDEMNIFY THE SMYSW FOUNDATION, ITS CAP. SUPERINTENDENT AND ITS OFFICERS FROM ANY CLAIM WHATSOEVER ARISING FROM PERSONAL INJURY, DEATH, SICKNESS OR ANY OTHER HARM SUFFERED BY ME AS A RESULT OF MY UNDERGOING THE SAID COURSE. I CONSENT TO ANY EMERGENCY MEDICAL TREATMENT WHICH MIGHT BE NECESSARY, AND TO PAY ALL CHARGES CONNECTED THEREWITH TO THE FOUNDATION AND IN THE EVENT OF MY SUSTAINING ANY INJURY OR ILLNESS DURING THE PERIOD OF MY TRAINING AT T.S. RAHAMAN MENTIONED BELOW SHALL BEAR IN FULL ALL THE EXPENSES INCURRED FOR MY HOSPITALISATION BEFORE MY DISCHARGE FROM THE HOSPITAL AND ABSOLVE SMYSW FOUNDATION FROM ANY FINANCIAL OR OTHER RESPONSIBILITY WHATSOEVER FOR THE SAID TREATMENT.

NAME, ADDRESS &amp; TELEPHONE NO. OF NEXT TO KIN/RELATIVE

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EMAIL: \_\_\_\_\_ PIN \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SIGNATURE OF CANDIDATE \_\_\_\_\_ DATE \_\_\_\_\_

## CHECK LIST FOR TSR : ROSC COURSE

## Eligibility Criteria

1. 12 months of sea time

CHECKED BY \_\_\_\_\_