

TRAINING SHIP 'RAHAMAN'

(Recognised by the Dir. Gen. of Shipping, Ministry of Shipping Road Transport and Highways, Govt. of India)

SIR MOHAMED YUSUF SEAMEN WELFARE FOUNDATION

Registered under the societies Registration Act, 1860 (Act XXI of 1860) and Public Trust Act, 1950 (Maharashtra State)
Reg. Off.: Jahaz Mahal Annexe, 170-K Samander Point. Estate, Worli, Mumbai 400 018.



APPLICATION FORM ORIENTATION COURSE FOR CATERING PERSONNEL

Passport size
Photograph with
white shirt &
Light background

BATCH NO: _____

DATE OF COMMENCEMENT: _____

1) FULL NAME (Block letters): _____

(AS STATED IN PASSPORT / SCHOOL LEAVING CERTIFICATE)

2) NATIONALITY: _____

3) DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DD/MM/YYYY

4) PERMANENT ADDRESS: _____

E-MAIL: _____ PIN: _____ TEL NO: _____

5) PROFESSIONAL QUALIFICATIONS: (DIPLOMA/DEGREE) _____

6) COLLEGE: _____

UNIVERSITY/BOARD: _____

APPROVED BY ☐ AICTE ☐ UGC ☐ DEC ☐ NCHMCT ☐ DTE ☐ Others
Please specify _____

7) NAME OF LOCAL GUARDIAN _____ RELATIONSHIP: _____

FULL ADDRESS: _____

E-MAIL: _____ PIN: _____ TEL NO: _____

DATE: _____ SIGNATURE OF CADET: _____

TSR:OCCP:CHECKLIST1

(FOR OFFICE USE ONLY)

CONDITIONS FOR ADMISSION:

- 1) Attested Copy of Three year Degree / Diploma in Hotel Management Certificate, or Provisional Certificate or Course Completion Certificate
- 2) Age proof: Copy of passport / birth Certificate/ 10th board certificate
- 3) Copy of mark sheet of 10th or 12th examination with not less than 40% marks in English language
- 4) Medical Fitness Certificate for Sea Service (in original) as prescribed in Annexure "E". & "F" of Merchant Shipping (Medical Examination) Rules, 2000.
- 5) 15 passport size photographs

Checked by: _____ Verified by: _____

Course Officer: _____

UNDERTAKING BY THE CADET'S PARENT / LOCAL GUARDIAN :

To,
The Captain Superintendent,
Training Ship "Rahaman"
Nhava, Panvel Taluka, Dist. Raigad-410206 - Maharashtra.

Sir,

I undertake to pay the training charges in full or installments as per the prescribed fee schedule. If I fail to make the aforesaid payments, and, if it is found that during the period of training my son / ward has deliberately flouted the rules and regulations of the Training Ship, the Disciplinary Committee of the Institution shall be at liberty to discontinue his training and ask him to leave the Training Ship at any time. I also give an undertaking that the Governing Council, Management, Captain Superintendent or any other Foundation Staff will not be held responsible in any way whatsoever, for any accident or injury suffered by my son / ward during the course of his training at Nhava, or whilst going / returning from shore leave or whilst on shore leave.

Further I consent to any emergency medical treatment of my ward including hospitalisation which might become necessary, and I agree to pay for the same.

Yours faithfully,

Name & Signature of Parent / Local Guardian.

Date: _____