

APPLICATION FORM FOR ARPA 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 & TELEPHONE NO. OF NEXT OF KIN/RELATIVE

EMAIL: _____ PIN _____ TELEPHONE _____

SIGNATURE OF CANDIDATE _____ DATE _____

CHECK LIST FOR TSR : ARPA COURSE
Eligibility Criteria

1. Deck candidate with Radar Observer Course Certificate

CHECKED BY _____