

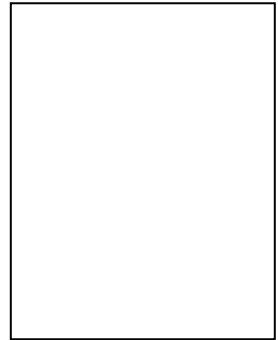


NATIONAL INLAND NAVIGATION INSTITUTE

Gaighat, Patna – 800 007.

ADMISSION FORM

(Please fill in all particulars CLEARLY)



Course : INDos No :

Course Code : Student's Roll No :

Student's I.D. No :

1. Personal Particulars:

First Name..... Middle Name.....Surname.....

Date of Birth: Day..... Month..... Year.....

Place of Birth: Place.....State/Country..... Nationality

Identification Mark.....

Permanent Address: House No.....Street.....

City.....District.....State..... Country.....

Telephone: Mobile No.:.....Fax No.:.....

E-mail ID :

Address while attending this course:.....

.....Telephone.....

Company Name..... Company Address.....

Passport No.....Date of issue Place of issue.....

CDC No.....Date of issuePlace of issue.....

Certificate of Competency: Grade..... No.....

Date of Issue Place of Issue.....

2. Your first contact with NINI was through (Tick as applicable):

- a) Word of mouth
- b) Magazine(s)/Newspaper
- c) Website
- d) Shipping Company/Recruiting office
- e) Any other (Pls specify) _____

3. Details of 10+2 Certificate (If applicable)

Year of Passing.....Board.....
 Marks obtained / Max Marks: Physics.....ChemistryMaths

4. Details of Sea Service:

S.No.	SHIP	COMPANY	GRT	DESIGNATION	PERIOD		SEA-TIME
					FROM	TO	
Total Sea Time / Propelling Time							

5. STCW Courses completed :

6. DECLARATION : I hereby confirm that the information given by me is true and factual to the best of my knowledge. On admission, I undertake to attend all classes regularly and punctually and to comply with all the regulations of the Institute. I also declare that I have not been Restricted/Prohibited/Debarred from attending any courses or from appearing in any examination by D.G. Shipping/MMD/any other authority. I agree that fees once paid shall be non refundable and non-transferrable.

I further hereby indemnify the Management of MSC NINI against any injury caused to me whilst undergoing the course at NINI.

I have no objection in these details being used for promotional purposes.

I understand that my admission is subject to satisfying the eligibility criteria for the course.

Date:

Signature:

Only for Office use

Admission granted / not granted*

Administrative Officer

Course Co-ordinator

(*Remarks/Reasons for not granting admission.....)