

BRILLIANT MARITIME

In Compliance with D.G Shipping, Govt. of India

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Certified By ISO 9001:2015 :- INQ/CHG-61526/0722

APPLICATION FORM

FORM No						Passport)
Note: -All entries must be Filled -Leave one block to give s		pen.				Size	
-This Form is valid for 3 n						Photograph	
Apply Date □□ □						in Formals	
Course Applied For Applicant Name	(As Entered in seconda	Try Mark sheet)					
Date of Birth			Medically Fit	□Yes □No	0		
Fathers Name Mothers Name							
Gender Gender	Mail Female Email Id						
Permanent Address	House No.		Landmark [
Street/Area							
State State] Pin (Code□□□	
Mobile No.			Alternate (Pare	nt/Guardians) l	No.		
QUALIFICATION DETAIL							
Examination Pas	ssed Board/U	Iniversity	Year of passing	Percent	age	Subjec	ts
PERSONAL DETAIL HIGHT: EYE VISION: COLOR BLINDNESS:							
Identification Mark Languages Known							
English Communication Read Write Speak							

DECLARATIO:	N BY APPLICANT
that the information and documents submitted by me material or information that could affect my selection fake. Academy has right to take any kind action again prospectus and letters provided to me and agreed to all	confirm e are true to the of my knowledge. I have not given any . I agree that if my marksheet and other document founds inst me. Also, I have read and understood contents of the ll terms and contained therein. I agree that after completes ng to my eligibility & Performance during the training will be paid by me.
with draw/discontinue the course on my own decisio any reason, the fee whatever I paid will not be refund	the commencement of the course or after admission or 1 n or dismissed from the academy by the management for ded and I am liable to pay the full course fee without any agree all disputers are subject to the jurisdiction of Korba righter maritime that will be reinforced time to time.
Date:	Signature of Applicant
DECCLARATION BY	PARENTS/GUARDIANS
(Parent/GuardianName)	(Relationship)
have gone through the letters and prospectus provided mentioned there in. Also, I confirm that the applicant Date:	to us and understood all rules, regulations and procedures has signed the form in my presence. Signature of parents/guardians
FOR OFFIC	CE USE ONLY
Selected for:-	
CHECK LIST:-	
☐ Self-attested copy of last qualified mark s	heet
☐ Self-attested copy of any diploma/degree	(if done)
☐ Self-attested copy of date of birth certification	ite Medical fitness certificate
☐ Copy of passport (if have)	
☐ 2 Passport sized photograph	
☐ Signature of applicant	
☐ Signature of parents/guardian Receipts of	all payment made
☐ Copy of letters provided	
Verified by:-	