



# SEATON MARITIME TRAINING FOUNDATION - PUNE

OFFICE: 17/4 AABASAHEB CHIMCHAWADE VASHAHT, CHINCHAWADE NAGAR, OPPOSITE FITNESS  
EMPIRE GYM, CHINCHWD. PUNE - 411033

MOB No. 9819209747, 823715554 E-mail:- info@seatonmaritime.com Website:- www.seatonmaritime.com

## Application Form

PLEASE FILL THE FORM IN CAPITAL LETTERS

COURSE APPLIED FOR .....

### 1. PERSONAL PARTICULARS :

NAME OF THE APPLICANT.....

FATHER'S NAME.....

DATE OF BIRTH : 

--	--

--	--

--	--	--	--

### 2. ADDRESS FOR COMMUNICATION :

\* PERMANENT ADDRESS : .....

.....

..... PIN 

--	--	--	--	--	--

PHONE WITH S.T.D. CODE 

--	--	--	--	--	--	--	--	--	--	--	--

MOBILE NO. 

--	--	--	--	--	--	--	--	--	--	--	--

E-MAIL .....

\* PRESENT ADDRESS : .....

.....

..... PIN 

--	--	--	--	--	--

PHONE WITH S.T.D. CODE 

--	--	--	--	--	--	--	--	--	--	--	--

MOBILE NO. 

--	--	--	--	--	--	--	--	--	--	--	--

E-MAIL.....

\* NATIONALITY : INDIAN/N.R.I./OTHER .....

\* RELIGION: .....

**3. ACADEMIC RECORD :**

CURRENT EDUCATION QUALIFICATION (STREAM) .....

QUALIFICATION	Marks in English & Math's		SCHOOL/COLLEGE	PASSING Year	BOARD	% AGE

**4. FAMILY BACKGROUND :**

FATHER'S NAME :

FATHER'S CELL NO.:

OCCUPATION :

MOTHER'S NAME

**5. MERIT / NCC / OTHER ACHIEVEMENT :**

**6. IF YOU HAVE ANY CLOSE RELATIVES IN MERCHANT NAVY, GIVE THE DETAILS :**

1. RELATIVE'S NAME .....

2. DESIGNATION : .....

3. COMPANY OF WORK : .....

4. CONTACT NO.: .....

## 7. DECLARATION

1. I certify that all the information contained in this enquiry form is true to the best of my knowledge. I have not withheld any material/information that would affect my application /selection. Should any information be found incorrect, I understand that the board of SEATONMARITIME Reserves the right to terminate my training without any refund of my fees and the board of SEATONMARITIME will not be liable to compensate me in any way.
2. I am aware that I'm subject to urine, drug, medical test for selection. At any time during my training, if urine/drug found positive or I am found medically unfit, my training may be terminated and I agree to bear all expenses towards my training / treatment.
3. I agree to produce the originals of all my certificates at the time of interview and whenever required.
4. I am aware and agree, that after selection and joining with Seaton Maritime, if I withdraw for any reason, no money will be refunded.

Place:-

Date:-

CANDIDATE SIGNATURE

PARENTS SIGNATURE

### For office purpose :

Three sets of following documents are to be enclosed along with the application form/AS APPLICABLE

- Attested copies of secondary / 10th mark sheet
- Attested copies of secondary / 10+2 std mark sheet
- Attested copies of certificate in support of your date of birth
- 6 color passport size photographs (in white shirt)
- Attested copied of all mark sheets of Diploma
- Attested copied of all mark sheets of Graduation