



Zasha Institute of Maritime Studies - Dehradun

Approved By Directorate General of Shipping, Ministry of Surface Transport, Govt. of India

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Please affix
Passport
Size Photo

APPLICATION FORM

Reg. No.: HSNAMER-L

Course (Please tick the appropriate box)

Name of Course	Code	Name of Course	Code
BASIC STCW COURSE / BST		CHEMCO / ATCTCO	
PSSR		TASCO / STPOTO	
EFA		HVSSG (OL) HVSSG (ML)	
FPPF		CHIEF ENGINEER REVALIDATION	
PST		MEO CLASS II	
STSDSD		SECOND MATE (F.G.)	
BTOCTCO		PHASE - I	
PASSENGER SHIP FAMILIARIZATION (PSF)		PHASE - II	
M.F.A. / M.F.A. REFRESHER		ASM	
MEDICARE / MEDICARE REFRESHER		VALUE ADDED	

1. Name of the Candidate : _____

2. Father's Name : _____

3. Rank : _____

4. Date of Birth : _____

5. Permanent Address: _____

Tel.No. : _____ Mobile No. : _____

E-mail: _____ @ _____

6. Certificate of competency held (if any) : _____

No. : _____ Date : _____

Grade : _____ Issuing Authority: _____

7. Detail of the Passport : _____

No. : _____ Valid upto : _____

Issuing Authority: _____

8. CDC Detail : _____

No. : _____ Date : _____

Issuing Authority : _____

10. INDoS No. : _____

10. Record of sea service, last 5 years (Latest ship downwards/descending)

S. No.	COMPANY	NAME OF THE SHIP	TYPE	RANK	G.R.T.	PERIOD FROM	PERIOD TO

11. Any other relevant information :

I undersigned voluntarily enrolled myself for Maritime training and I understand the risk involved in it, therefore I shall take all the precaution to safeguard myself during my training program and I indemnify the management of ZASHA and its staff against any claim directly or indirectly, express or implied or in any form either by self or by anyone on my behalf for any accident, illness, disability or death or damage to my property which may arise during the training or transit.

Date..........
(Signature of Candidate)

(FOR OFFICE USE ONLY)

NAME OF COURSE	FROM	TO	CERTIFICATE NO.

Fee Reciept No.:.....

Amount Rs.:

Cash / D. D. No. / Cheque No.: