



# EEURO MARITIME ACADEMY<sup>TM</sup>

(An ISO 9001 : 2008 Certified)

Approved by : Bharat Sevak Samaj, Authorized by : CMJ University  
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## APPLICATION FORM

No. **215** Course Applied for \_\_\_\_\_

Name (As in the School Certificate): \_\_\_\_\_

Date of Birth : 

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DAYS MONTH YEAR

Father's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_ Tele. No. \_\_\_\_\_

Educational Qualification : \_\_\_\_\_

Language Known : \_\_\_\_\_ Religion : \_\_\_\_\_

Can you Swim ? : Yes  / No  Eye Sight : \_\_\_\_\_ Colour Blindness : \_\_\_\_\_

Personal Identification Marks: \_\_\_\_\_

Next of Kin Relationship : \_\_\_\_\_

Affix  
Passport size  
photo

**DECLARATION** : I confirm that the information contained in this application form is true to the best of my knowledge and belief. I have not withheld any material/information that could effect my application / selection. Should any information be found incorrect, I understand the board of EMA reserves a right to terminate my training without any refund of my fees and the Management of EMA will not be liable to compensate me in any way. I have read and understood contents of the Prospectus and agree to all terms and conditions contained therein. I am aware and agree that after selection and joining the EMA, should I withdraw for any reason, no money will be refunded. I also confirm that my marksheet is genuine and it is from a recognised board. I agree that if my marksheet is found fake, Academy has the right to take any kind of legal action against me. Also in case, if I discontinue from the course on my own decision after selection (or) dismissed from the Academy by the management, I am liable to pay the full course fee without any balance. I agree that when I reserve my seat for admission by paying reservation Fee, and not joining the course, the fee whatever paid will not be refunded. I agree, all disputes are subject to the jurisdiction of Bhubaneswar city only. I declare myself that I checked my physical condition & eye vision through a doctor before joining this course & I am fully fit for doing the course. In case, if I am found medically unfit (Physical fitness / Eye vision & colour blindness) & unable to continue my course, I will not demand for the refund of course fee either part or full.

\_\_\_\_\_  
Signature of the Parent / Guardian

\_\_\_\_\_  
Signature of the Applicant

### FOR OFFICE USE ONLY

(This should not be filled up by the applicant)

Enrolment No.

Date:

#### CHECK LIST:

1. Date of Birth (Proof)  2. 10th Mark Sheet (Pass in Maths/Science /English)  3. Passing Certificate Selected   
 4. Medical Certificate  5. Signature of Parent / Student

Verified by :