



Sr. No.

Course Eligible

Batch

Name of applicant : (in block letter only)

[illegible]

Surname

First Name

Middle Name

Present Address

Pin Code :

Contact No.

Mobile :

Email :

Permanent Address

Tel. :

Date of Birth

Languages Known

Nationality / Marital Status

Father's Name/Occupation

Eye Sight

6/6

Yes/No

Colour blindness

Yes/No

Educational Attainments

Name of Exam

Month & Yr
of Passing

Total Marks

Marks
Obtained

Marks
in %

University

S.S.C.

H.S.C.

I.T.I.

B.Sc./B.Com/B.A.

Dip/B.E./B.Tech

Passport No. (if available) :

DECLARATIONS

I confirm that the information in this application form is true to the best of my knowledge. I have not withheld any material/information that would effect my application. Should any information be found incorrect, I understand that the training institute reserves right to terminate my training without any refund of my fees and the management of the training institute & Almarine & Aviation Training Center Pvt. Ltd. will not be liable to compensate me in any way. I am aware and agree that after selection & joining the Pre Sea Training Institute, should I withdraw for any reason, no money will be refunded. I also confirm that my mark sheet is genuine & it is from a recognized board. I agree that if my mark sheet is found fake, the training institute or Almarine & Aviation Training Center Pvt. Ltd. has the rights to take any kind of legal action against me. Also in case if I discontinue from the course on my own after selection (or) dismissed from the academy by the management, then I am liable to pay the full course fees without any balance. Also if I cancel my seat for any reason even before the commencement of the course, whatever fees paid, will not be refunded. I declare myself medically fit for joining the course as per the eligibility criteria. I also assure that I will submit my documents/information in time as demanded by Almarine & Aviation Training Center Pvt. Ltd. as and when required for which Almarine & Aviation Training Center will not be liable. If found medically unfit & unable to continue my course I will not demand for refund amount of course fees paid either part or full. I am aware that I will be getting training in an institute recommended by Almarine & Aviation Training Center Pvt. Ltd. After being fully convinced and satisfied of entire consultancy and registration procedures and agree that the fees I paid towards it will not be refunded to me under any circumstances and I have taken admission under my own wish without any pressure.

Agrees and accepted all the terms and conditions and follow all rules and regulation of the **Almarine & Aviation Training Center** I agree, all disputes are subject to the jurisdiction of Mumbai only.

Signature of the parent / guardian

signature of the applicant

For office use only (This should not be filled up by the applicant)

Checklist	Tick Mark	Application Received on Date :	
1) SSC Mark Sheet		Admitted by :	
2) Passing Certificate		Fees Details :	
3) Leaving Certificate		DD/Cheq. No.	Dated :
4) HSC Mark Sheet		Bank :	Amt Rs : _____
5) Degree Certificate		Fees paid by Cash : Amt Rs : _____	
6) Passport Copy		Amt Rs : _____	
7) Medical			