Hindustan Institute of Maritime Training

REGISTRATION FORM

COURSE _____ RANK _____

HIMT STUDENT ID: _____

PERSONAL PARTICULARS:

Name: (As per your certificate) _____

Date of Birth: Date_____ Month _____ Year _____ Birth Place_____

Permanent Address: _____

_____Tel : _____

INDos No: _____ E-mail :_____

Passport No.: _____Place & Date of Issue: _____

CDC No.: _____Place & Date of Issue: _____

Company Name: _____

1. PROFESSIONAL PARTICULARS:

Name of Certificate	Certificate No	Issuing Authority	Issue Date
1. Certificate of Competency -Grade	_____	_____	_____
2. Basic / Advanced Fire Fighting	_____	_____	_____
3. Elementary / Medical First Aid	_____	_____	_____
4. Proficiency in Survival Craft	_____	_____	_____
5. P.S.S.R	_____	_____	_____
6. Medical Fitness Certificate	_____	_____	_____

Note:

1. Any candidate withdrawing from the course shall forfeit the course fees paid.
2. Candidates desiring to shift the same course due to any reason, would pay a penalty of 10% of the entire course / package fees within the same Financial Year. No exchange of courses permissible
3. Please collect your Buffet Lunch Coupons @ subsidized rate from the canteen.
4. Complementary Breakfast / Snacks, Executive File / Bag & other training requisites provided.
5. **DRESS CODE: Collarless T.Shirts & Shorts are not permitted for the course**

DECLARATION: On admission, I _____ **hereby indemnify** the HINDUSTAN INSTITUTE OF MARITIME TRAINING (HIMT) and Faculty, Instructors and staff of HIMT **from any claim what so ever arising out of personal injury to me, or my death due to any accident during the period of training** and also I undertake to attend all classes regularly and punctually and to comply with all regulations of the institute.

I hereby declare that the mandatory documents / fees will be submitted by me prior day 2 of the course failing which 10% of the total fees will be applicable in addition to the course fees. I also confirm to adhere to the above conditions.

Date: _____ Candidate Signature _____

FOR OFFICE USE ONLY

COURSE NAME	FEES RECEIPT	DATE	AMT	FROM	TO	CHECKED BY	HANDOUT	FILE	CERTIFICATE NO.