



INSTITUTE FOR OFFSHORE AND MARITIME STUDIES

APPLICATION FORM

Paste Your Recent
Passport Size
Photograph

1. Name of the Course Applied for:
2. Full Name of the Candidate:
(in Capitals)
.....
3. Date of Birth:

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Day Month Year
4. Gender: (Write '1' for Male, '2' for Female)
5. Passport/Aadhar/PAN no:
6. CDC No:
7. COC No: Rank.....
8. INDos No:
9. Company:
10. Marital Status:
11. Father's/Husband's Name:
12. Mailing Address (in block letters):
.....
..... Pin Code:
- Tel. No. : Mobile:
- E.mail ID (if any):
13. Nationality:

I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Commission, if I am declared by them to be guilty of any type of misconduct mentioned herein. I have informed my Head Office/Deptt, in writing that I am applying for this selection.

Date:

Place:

Signature of Candidate