

APPLICATION FORM



COLLEGE OF MARINE TECHNOLOGY

Marine Building, KSN Menon Road, Kochi – 682 016.

Tel: 0484-2356718, 4851581, 9744477733

E-mail: marinekerala@gmail.com Web: www.marinekerala.com / org

An ISO 9001-2015 Certified Institution

An Authorised Training Centre of **CTDS**



BUREAU VERITAS

Fill up the form in CAPITAL LETTERS

NAME OF COURSE

Name of the applicant :

Sex : Date of Birth :

Father's Name :

Mother's Name :

Religion : Caste :

Mother tongue : Blood Group :

Permanent Address :



Present Address

Name of Parent / Guardian :

Occupation of Parent :

Parent's Phone No. :

Student's Phone No. :

Course Information from :

Whether a hostler or day scholar :

Academic Qualifications: (Attach copy)

Technical Qualifications (Attach copy)

- 1.
- 2.
- 3.

- 1.
- 2.
- 3.

The information furnished above are true to the best of my knowledge and belief. I have understood that the rules of "College of Marine Technology" and I have agreed to abide by them.

Place:

Date:

Signature of the Applicant

I have no objection to admit my son in your college for the course mentioned in the application form. I hereby declare that signature for the applicant is signed by him in front of me and agreed all rules & regulations.

Place:

Date:

Signature of Parent / Guardian