

# SRIRAM INSTITUTE OF MARINE STUDIES



Approved by Directorate General of Shipping (Govt. of India)  
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Name \_\_\_\_\_

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

Date of Birth \_\_\_\_\_

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E-mail ID \_\_\_\_\_

Address \_\_\_\_\_

## Academic Qualification :

Class	Board/University	Year of Passing	Main Subject	%
10 <sup>th</sup>				
12 <sup>th</sup>				

## Any Technical Qualification :

Board	Trade	Degree/Diploma	Year of Passing	Main Subject	Remarks

Any Other/Specific Qualification

Do you know Computer :

Date :

Place :

Applicant Signature