



# HSNA Maritime Education & Research - Lucknow

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Please affix  
 Passport  
 Size Photo

## APPLICATION FORM

Reg. No.: HSNAMER-L .....

Course (Please tick the appropriate box)

Name of Course	Code	Name of Course	Code
BST	<input type="checkbox"/>	HVSSG(OL)	<input type="checkbox"/>
EFA	<input type="checkbox"/>	HVSSG(ML)	<input type="checkbox"/>
H.V MNG	<input type="checkbox"/>	P.S.S.R.	<input type="checkbox"/>
MFA	<input type="checkbox"/>	P.S.T.	<input type="checkbox"/>
PSSR	<input type="checkbox"/>	E.F.A.	<input type="checkbox"/>
RUT ENGINEER	<input type="checkbox"/>	F.P.F.F.	<input type="checkbox"/>
REF MEDICARE	<input type="checkbox"/>	STSDSD	<input type="checkbox"/>
REF MFA	<input type="checkbox"/>	BTOCTCO	<input type="checkbox"/>
MEDICARE	<input type="checkbox"/>	2nd MATE FUNCTIONS	<input type="checkbox"/>
M.Reval /1st Mate /2nd Mate Reval.	<input type="checkbox"/>	PHASE - I	<input type="checkbox"/>
C.E.Reval / 2nd Er. /3rd Er.Reval	<input type="checkbox"/>	PHASE - II	<input type="checkbox"/>
S.T.P.O.T.O./ T.A.S.C.O / ATOTCO	<input type="checkbox"/>	ASM	<input type="checkbox"/>
CHEMCO / STPCTO / ATCTCO	<input type="checkbox"/>	MEO. CLASS II	<input type="checkbox"/>
		OTHERS	<input type="checkbox"/>

- Name of the Candidate : \_\_\_\_\_
- Father's Name : \_\_\_\_\_
- Rank : \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
- Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Tel.No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_
- E-mail: \_\_\_\_\_ @ \_\_\_\_\_
- Present Address: \_\_\_\_\_  
 \_\_\_\_\_ Tel.No. : \_\_\_\_\_
- Certificate of competency held (if any) : \_\_\_\_\_  
 No. : \_\_\_\_\_ Date : \_\_\_\_\_  
 Grade: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_
- Detail of the Passport : \_\_\_\_\_  
 No. : \_\_\_\_\_ Valid upto : \_\_\_\_\_  
 Issuing Authority: \_\_\_\_\_
- CDC Detail : \_\_\_\_\_  
 No. : \_\_\_\_\_ Date : \_\_\_\_\_  
 Issuing Authority : \_\_\_\_\_
- INDos No. : \_\_\_\_\_

**11. Record of sea service, last 5 years (Latest ship downwards/descending)**

S. No.	COMPANY	NAME OF THE SHIP	TYPE	RANK	G.R.T.	PERIOD FROM	PERIOD TO

**12. Any other relevant information :**



I.....undersigned, voluntarily enrolled myself for trainings courses in individual capacity at HSNA Lucknow. I also understand the risk involved in Training, therefore I shall take all precaution to safeguard myself during training and my stay in campus. I indemnify the management of HSNA and staff against any claim directly or indirectly, for any accident, illness, disability or death or damage to me or my property, which may arise during the training or my stay in the campus.

I am also informed that HSNA-Lucknow is neither involved nor responsible for any kind of placement directly or indirectly after completion Basic Safety Training course.

Date.....

(Signature of Candidate)



**(FOR OFFICE USE ONLY)**

NAME OF COURSE	FROM	TO	COURSE OFFICER	CERTIFICATE NO.

Fee Details

Reciept No.:.....

Amount Rs.:

Cash / D. D. No. / Cheque No.: .....