



HSNA Maritime Education & Research - Mahona

Approved By Directorate General of Shipping, Ministry of Surface Transport, Govt. of India

Campus : Kisanpur Road, Mahona, Lucknow,

U.P. (India)-226 203

Mob. No.: +91-9119999604

APPLICATION FORM

Please affix
Passport
Size Photo

Reg. No.: HSNAMER-M

Course (Please tick the appropriate box)

Name of Course	Code	Name of Course	Code
BST	<input type="checkbox"/>	ERS - OL	<input type="checkbox"/>
STSDSD	<input type="checkbox"/>	ERS - ML	<input type="checkbox"/>
BTOCTO	<input type="checkbox"/>	MEO CLASS - I	<input type="checkbox"/>
BTLGTF	<input type="checkbox"/>	MEO CLASS - II	<input type="checkbox"/>
CROWD MGMT	<input type="checkbox"/>	RT-PST	<input type="checkbox"/>
CRISIS MGMT	<input type="checkbox"/>	RT-FPFF	<input type="checkbox"/>
FDC	<input type="checkbox"/>	OTHERS	<input type="checkbox"/>
RDFC	<input type="checkbox"/>		

1. Name of the Candidate : _____

2. Father's Name : _____

3. Rank : _____

4. Date of Birth: _____ Place of Birth: _____

5. Permanent Address: _____

Tel.No. : _____ Mobile No. : _____

E-mail: _____ @ _____

6. Present Address: _____

_____ Tel.No. : _____

7. Certificate of competency held (if any) : _____

No. : _____ Date : _____

Grade: _____ Issuing Authority: _____

8. Detail of the Passport : _____

No. : _____ Valid upto : _____

Issuing Authority: _____

9. CDC Detail : _____

No. : _____ Date : _____

Issuing Authority : _____

10. 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 Mahona. 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 Mahona 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 - Mahona 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.: