

Qualifications :

Name of School -where you completed X Std.:-
 Name of School/College -where you completed XII Std.:-
 Name of College and Board / University from where you obtained your Degree course
 -
 Month & Year of passing in B.E. Mech.:

| Subject | Marks | | Percentage Obtained | |
|----------------------------------------|-------|---------|---------------------|-----------|
| | X Std | XII Std | X Std | XII Std |
| ENGLISH | | | | |
| Final Year B.E. Mech/Naval Arch. | | | Final Year | Aggregate |
| Engineering college AICTE approval No. | | | | |

Encl. attested photocopies of documents

- | | | | |
|---------------------------------|--------------------------|-------------------------------------------|--------------------------|
| 1. 10 th Mark Sheet | <input type="checkbox"/> | 5. Birth date Certificate | <input type="checkbox"/> |
| 2. 10 th Certificate | <input type="checkbox"/> | 6. Engineering Mark Sheets(all semester) | <input type="checkbox"/> |
| 3. 12 th Mark Sheet | <input type="checkbox"/> | 7. Engineering Degree Cert. | <input type="checkbox"/> |
| 4. 12 th Certificate | <input type="checkbox"/> | 8. Passport copy(if available) | <input type="checkbox"/> |

Further Information:

Please give any further appropriate information to support your application e.g. Achievements, Extra Curricular Activities, hobbies, special interests, etc.

I hereby declare that I have read and understood the conditions of eligibility for the course to which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading my candidature shall be liable to cancellation at any time and I shall not be entitled to refund of any fee paid by me to the academy. The original certificates will be produced at the time of Interview.

Registration Fee of Rs.500/- by Cash/Demand Draft No. _____ dated _____ drawn in favour of " Vishwakarma Maritime Institute" , Payable at Pune.

 Applicants Signature

 Date

(N. B. If you need some more copies of this application, please take photocopies)

| | | |
|---------------------------|---------------------------------|---------------------------------|
| APPLICATION RECEIVED ON : | | |
| INTERVIEWED ON : | | |
| RESULTS OF INTERVIEW | <input type="checkbox"/> PASSED | <input type="checkbox"/> FAILED |
| MEDICAL EXAMINATION | <input type="checkbox"/> PASSED | <input type="checkbox"/> FAILED |
| SELECTED TO JOIN | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

 DIRECTOR