



SABLINK SHIPMANAGEMENT PVT. LTD.

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Mahim (W), Mumbai – 400 016. Ph. : 022- 24441718 / 0098
Email Id : slsmadmission@sablankship.com Website : www.sablankship.com



GP-RATING (6 Months)

AFFIX
PHOTO
HERE

Name

(as in the School Certificate) : _____

Date & Place of Birth : _____ Age : _____

Father's / Mother's Name : _____

Religion : _____

Present Address : _____

Phone No. (with STD code) : _____ Mobile No. : _____

Next of Kin Relationship : _____

Name & Address : _____

Contact No. (with STD code): _____

EDUCATIONAL QUALIFICATION & GENERAL MEDICAL DETAILS

10 TH Standard Passed (Yes / No)		Marks Scored		Total Marks		Average Percentage
Pass in Maths (Yes / No)		Pass in Science (Yes / No)			Pass in English (Yes / No)	
% in English	10 th Std.		12 th Std.		Any other Degree/Diploma	
Eye Sight			Colour Blindness (Yes / No)			
Personal Identification Marks :						

DECLARATION

I confirm that the information contained in this application form is true to the best of my knowledge and belief. I have not withheld any material / information that could affect my application / selection. Should any information be found incorrect, I understand that Board of **SLSM** reserves the right to terminate my training without any refund of my fees and the Management of **SLSM** will not be liable to compensate me in any way. I have read and understood contents of the Prospectus and agreed to all terms and conditions contained therein. I am aware and agree that after selection and joining the **SLSM**, should I withdraw for any reason, no money will be refunded. I also confirm that my mark sheet is genuine and it is from a recognized board. I agree that if my mark sheet is found fake, Academy has the right to take any kind of legal action against me. Also in case, if I discontinue from the course on my own decision after selection (or) dismissed from the Academy by the management, I am liable to pay the full course fee without any balance. If I cancel my reserved sect even before the commencement of the course, whatever fee paid, will not be refunded. I declare myself that I checked my physical condition & eye vision through a doctor before joining this course & I am fully fit for joining this course as per the eligibility criteria. In case, If am found medically unfit (Physical fitness / Eye Vision & Colour blindness), & unable to continue my course, I will not demand for the refund of course fee either part or full.

Signature of the Parent / Guardian

Signature of the Applicant

For Office use Only		
GP Rating Course Admission		
Check List	✓	Verified By :
1. Proof of Date of Birth		
2. 10th Marksheet		Any deficiency :
3. Proof for 40% marks in English Subject		
4. Passing Certificate		Enrollment No. :
5. Medical Certificate		
6. Passport		
7. Signature of Parent/ Student		Date :