

SOUTHERN EDUCATION ACADEMY

(APPROVED BY DG SHIPPING GOVT.OF INDIA)

ISO 9001:2015
CERIFIED INSTIUTE

GPRATING APPLICATION FORM

Affix your recent Passport

Size Attested Color

Photograph

(40 mm x 30 mm)

Name of applicant (As per 10 th Std. Cert.)					
Date of Birth		Age :	Years :	Months :	
Place of Birth					
Communication Address with Phone no:					
Permanent Address With Phone no:					
Email:					
Nationality					
Passport No.				Place of Issue	
Father's Name				Occupation	
Educational Qualification	Year Passed	Overall %	English %	P.C.M %	Board/University
Class X / Equivalent					
Class XII / Equivalent					
BSc. / B.E. / B.Tech					
Identification Marks					
Eye Sight		Color Blindness (Yes/No)			

DECLARATION

I hereby declare that I have submitted only one application form and all above information are correct & true to the best of my knowledge and belief, in case of any discrepancy you are entitled to cancel my candidature at any time

Date : _____

Signature of the Applicant : _____.

Place : _____

Signature of the Parent / Guardian : _____.

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 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, Institute 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 Institute by the management, I am liable to Pay the full course fee without any balance.
- ◆ I agree that when I reserve my seat for admission by paying Reservation Fee, and not joining the Course, the fee whatever paid will not be refunded. If I cancel my reserved seat even before the commencement of the course, whatever fee paid, will not be refunded.
- ◆ I agree, all disputes are subject to the jurisdiction of Delhi City only. I declare myself that I checked my physical condition & eye vision through D.G Shipping 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 & Color Blindness), & unable to continue my course, I will not demand for the refund of course fee either part or full.
- ◆ I shall not engage in or participate in any business or be self-employment during my training at
- ◆ I shall not misuse controlled drugs or take part in any political or other illegal activities during my stay at
- ◆ **SU-NAV** premises.
- ◆ I have not submitted any false statement or submitted any document which I know to be false in order to obtain the admission at
- ◆ I confirm that my candidature is purely on my merit and does not involve any recommendations.
- ◆ I have not bribed any one in , Agent, or outside agencies to get my admission at
- ◆ No candidates shall be intoxicated while duration of the course time.(6 months)
- ◆ I understand that Board of reserves the right to terminate my training without any refund of my fees and the Management of will not be liable to compensate me in any way due to my misbehavior / misconduct during the course time / proved to be fraud or Indulged in any of above mentioned conditions.
- ◆ I have read and understood contents of the Prospectus and agreed to all above terms and conditions contained therein. I am aware and agree that after selection and joining the , should I withdraw for any reason, no money will be refunded.

Signature of the Parent / Guardian

Signature of the Applicant

For Office Use Only this should not be filled up by the applicant

GP RATING COURSE ADMISSION

Check List		Verified By :
1. Date of Birth(Proof)		
2. 10th Marks Sheet		Any deficiency:
3. Proof of 40% English Marks		
4. Passing Certificate		Enrollment No.
5. Medical Certificate		
6. Signature of Parent /Student		Date :