COMMANDER ALI'S ACADEMY OF MERCHANT NAVY

(An ISO 9001:2015 certified institution; Approved by DG Shipping, Govt. of India) Survey No.469, Village Donthi, Shivampet Mandal, Medak District, Telangana - 502334, India.

Candidate Enquiry: 09867209187| E-mail: admission@caamn.in

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APPLICATION NUMBER	APPLICATION F Please tick the	Affix recent passport				
	☐ DECK CADETS – PRE-SE	size photograph here				
	(Taken with in six months)					
	☐ CCMC – PRE-SEA TRAIN	ING (6 Months)				
PLEASE COME	PLETE THE FORM IN BLOCK L	FTTFRS				
Personal Detai		LITERO				
FULL NAME (in o	capitals):					
(As given in the r	ecords of Board/University) (Underl	line Surname)				
Fathers Name (o	r Mother, if no Father):					
Occupation (in fu	II detail):					
Now stationed at						
Address for Corre	espondence:	Next of kin or Guardian (with relationship) to contact in case of emergency:				
		Name:	-7			
		Relationship:				
		Address:				
Pin Code:		Pin Code:				
State:		State:				
Mobile / Tel. No.:		Mobile / Tel. No.:				
Fax No. with STD) code:	Fax No. with STD code:				
E-mail:		E-mail:				
Date of Birth: (Attach copy of proof of date of birth) Place of Birth:		Nationality:				
State of Birth:		Sex: Male / Fen	nale			
Passport No.: (Only if available)		Date of Issue:				
Place of Issue:		Date of Expiry:				
Marital Status:		Height: Cms \	Weight: Kgs			
Identification Mar	ks (Any Two):					
Color of Eyes:		Color of Hair:				
Complexion:		Nearest Airport:				

Qualifications:									
Name of School or colle	ege where you	u completed 10	th Std. Or 10+2 Sto	l.:					
Name of Board:									
Month & Year of Passir	ng 10 th Std.:		Certifica	ite No.:					
Please enter details of r	•	d (Enclose cop	y of 10th Std Marks	Memo)					
Sub		Pe	rcentage Marks C	btained Tota	al % in 10 ^t	^h STD			
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Further Information									
Do you play any Musical	Instrument: Yes	/ No (If Yes) Name of Instrument	:					
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 fulfil 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. Applicants Signature (N.B. If you need some more copies of this application, please take photocopies) Note: Send us duly filled in Application either through Whatsapp @ 09867209187 (or) Email - admission@caamn.in									
			DEMY USE						
APPLICATION RECEIVED ON INTERVIEW ON									
RESULT OF INTERVIE	W	PASSED		FAILED					
MEDICAL EXAMINATION	ON	PASSED		FAILED					
CET		PASSED	FAILED	Proof Submitt	ed YES	NO			
SELECTED TO JOIN		YES		NO					

Signature of Director