



- Code No.

2. Name of Candidate (आवेदक का नाम)

[illegible]

- [illegible]

- [illegible]

- [illegible]

District _____ State _____ Pin Code

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7. Mobile No. 1) _____ 2) _____ E-mail _____

8. Educational Qualification :- (शैक्षिक योग्यता)

Exam Passed	Passed Year	Subject	Percentage
10th			
12th			
ITI			
Other			

Declaration :- I hereby declare that the above mentioned informations are true correct to the best of my knowledge and belief.

Place _____

Date _____

Signature of Candidate

SCAN HERE

FOR PAYMENT



INSTITUTE OF MARITIME &
PROFESSIONAL EDUCATIONAL