



BUREAU  
VERITAS



# COIMBATORE MARINE COLLEGE

(Approved by D.G.Shipping, Govt. of India)

No.296, Pollachi Main Road, Myleripalayam, Othakkalmandapam (P), Coimbatore – 641 032. Tamil Nadu

Toll Free: 1800 120 5533 | Tel: +91 422 2364999

E-Mail: admission@cmcmarine.in, cmcinfo@cmc.ac.in | Website: www.cmcmarine.in

CMC / F. 12 E

Affix Recent  
Passport Size  
Photograph

## APPLICATION FORM

**Candidate Full Name** (IN CAPITAL LETTERS) - As given in the records of Board / University

\_\_\_\_\_

**Date of Birth:** DD / MM / YYYY **Address:** \_\_\_\_\_

\_\_\_\_\_ **Pincode** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Course Opted:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> B.Tech Marine Engg. | <input type="checkbox"/> B.Tech Marine Engg. (Lateral Entry) | <input type="checkbox"/> B.Sc. Nautical Science         |
| <input type="checkbox"/> 1 Year - GME        | <input type="checkbox"/> 2 Years - DME                       | <input type="checkbox"/> ETO                            |
| <input type="checkbox"/> GP Rating           | <input type="checkbox"/> BBA (Logistics and Shipping)        | <input type="checkbox"/> MBA (Logistics and Shipping)   |
| <input type="checkbox"/> B.Sc. Catering & HA | <input type="checkbox"/> Diploma Catering & HA               | <input type="checkbox"/> Certificate in Food Production |

**How did you come to know about the college?**

\_\_\_\_\_

Signature of Candidate

Signature of Parent / Guardian

### OFFICE USE ONLY

Reference No: \_\_\_\_\_

Admitted Under :  Government Quota  Management Quota  Others \_\_\_\_\_

Admitted Course: \_\_\_\_\_

Fee Details	Term 1 ( )	Term 2 ( )	Term 3 ( )	Term 4 ( )
I Year				
II Year				
III Year				
IV Year				

Remarks: \_\_\_\_\_

Admission In-charge

Head of the Institution

Chairman



## Declaration

I hereby declare that to the best of my knowledge the particulars given above are true. As a part of the academic course, when I undergo practical training, if any untoward incident occurs to the safety of my personal life, the institution or any other organization involved is not liable for any eventuality.

I am aware to the consequence under prohibition of **Ragging Act**. I assign that I shall not indulge in any ragging activities.

I also agree to sign the **Memorandum of Understanding** with the institution and abide by the conditions laid in the Memorandum of understanding of campus and hostel rules.

Further, I declare that I am medically fit to do this course and also I am aware and agreeing that fees once paid will not be refunded under any circumstances by the Institution.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of Candidate

( )

Signature of Parent / Guardian

( )

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### Note:

1. Original Document to be Submitted at the time of Joining

**Regular Entry - B.Tech / B.Sc**

- a) 10<sup>th</sup> Marksheet
- b) 12<sup>th</sup> Marksheet
- c) Transfer Certificate
- d) University Allotment Letter
- e) 10 Copies of Passport Size Photo
- f) 04 Copies of Stamp Size Photo

**Lateral Entry / GME / ETO / DME / GP Rating / BBA / MBA / Catering**

- a) 10<sup>th</sup> Marksheet
- b) 12<sup>th</sup> Marksheet / Diploma Marksheet / Degree Marksheet
- c) Transfer Certificate
- d) Provisional / Degree Certificate
- e) 10 Copies of Passport Size Photo
- f) 04 Copies of Stamp Size Photo

2. 06 Copies of each Academic Documents (Attested) except University Letter

3. Disputes if any are Subject to Coimbatore Jurisdiction only

4. (\*) Subjected to approval awaiting

## FOR OFFICE USE ONLY

Application Received on: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Academic Standard

Marks Obtained (  Regular Entry  Lateral Entry  Others \_\_\_\_\_ )

10<sup>th</sup> STD - English \_\_\_\_\_%

12<sup>th</sup> STD - English \_\_\_\_\_% PCM \_\_\_\_\_% Over-all \_\_\_\_\_%

Diploma - English \_\_\_\_\_% Final Year \_\_\_\_\_% Over-all \_\_\_\_\_%

Degree - English \_\_\_\_\_% Final Year \_\_\_\_\_% Over-all \_\_\_\_\_%

IMU CET Rank \_\_\_\_\_

### Medical Standard

Required Medical Test:  Yes  No

Medical Form No: \_\_\_\_\_

Eye Sight:  Normal  Abnormal (\_\_\_\_\_)

Color Blindness:  Yes  No

Medically Fit:  Yes  No

Identification Mark 1. \_\_\_\_\_

Identification Mark 2. \_\_\_\_\_

Color of Hair: \_\_\_\_\_ Color of Eye: \_\_\_\_\_ Height: \_\_\_\_\_

### Documents Enclosed

	Photocopies with Attested	Original
a) 10 <sup>th</sup> Marksheet	<input type="checkbox"/>	<input type="checkbox"/>
b) 12 <sup>th</sup> Marksheet	<input type="checkbox"/>	<input type="checkbox"/>
c) Diploma Marksheet / Consolidated	<input type="checkbox"/>	<input type="checkbox"/>
d) Degree Marksheet / Consolidated	<input type="checkbox"/>	<input type="checkbox"/>
e) Transfer Certificate	<input type="checkbox"/>	<input type="checkbox"/>
f) Provisional / Degree Certificate	<input type="checkbox"/>	<input type="checkbox"/>
g) University Allotment Letter		<input type="checkbox"/>
h) 10 Copies of Passport Size Photo		<input type="checkbox"/>
i) 04 Copies of Stamp Size Photo		<input type="checkbox"/>
j) Others Specify _____		<input type="checkbox"/>

Remarks: \_\_\_\_\_

Date: \_\_\_\_\_

Admission In-charge  
( \_\_\_\_\_ )