



- Registered multi disciplinary organization (Reg. no. 2012052012480)
- Certified by Govt. of Rajasthan (EM No. 080122112237)
- An ISO 9001:2008 certified by JAZ-ANZ (Acc. No. M3111204IN)
- Approved by Indian Institute of Welding (IIW-INDIA/ATI/19)
- Providing value added pre sea trainings leading to foreign CDC
- Certified with Recruitment & Placement Service License by Seamen Employment Office

29, Bhankrota, Ajmer Road, Jaipur, Rajasthan India 302026 Ph.: +91 9251000163 Telefax : 0141-2250236 Email : info@ripsindia.com, Website : www.ripsindia.com

## APPLICATION FORM

Form No.

- Note : \* All entries must be filled in capital letter with blue pen.  
 \* Leave one block blank to give space in words.  
 \* This form is valid for 3 months.

Passport  
size  
Photograph  
in formals

Apply Date :

Course Applied For

Applicant Name :

(As Entered In Secondary Marksheet)

Date of Birth :           Medically Fit :  Yes  No

Father Name :

Mother Name :

Gender :  Male  Female Email ID :

Permanent Address : House No.  Landmark

Street/Area  Village/City

Post Office/Police Station  Dist.

State  PIN Code

Mobile No :  Alternate (Parent / Guardian) No.

### QUALIFICATION DETAIL

Examination Passed	Board / University	Year of Passing	Percentage	Subjects

### PERSONAL DETAIL

Height	Weight	Eye Vision	Color Blindness
Identification Mark			
Languages Known			
English Communication	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>
	Fluency	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## DECLARATION BY APPLICANT

I .....confirm that the informations and documents submitted by me are true to the best of my knowledge. I have not given any material or information that could affect my selection. I agree that if my mark sheet and any other document found fake, academy has right to take any kind action against me. Also i have read and understood contents of the prospectus and letters provided to me and agreed to all terms and conditions contained therein. I agree that after completion of my course, I will get foreign CDC (i.e. Panama/ Liberian/ Belize) & placement according to my eligibility & performance during the training. More over, whatever charges occur during placement will be paid by me.

I agree that if I cancel my reserved seat even before the commencement of the course or after admission or I withdraw/ discontinue the course on my own decision or dismissed from the academy by the management for any reason, the fee whatever I paid will not be refunded and I am liable to pay the full course fee without any due. Also I shall not claim for the refund of fee. I agree all disputes are subject to the jurisdiction of Jaipur city. Also I shall abide by the rules & regulation of Rudraksh Professional Education Trust that will be reinforced time to time.

Date : .....

Signature of Applicant

## DECLARATION BY PARENTS/GUARDIANS

I (Parent/ Guardian Name)..... (Relationship) ..... of (Applicant Name) ..... undertake the responsibility of paying fee mentioned in the fee strucutre on prescribed dates. Also I assure that we have gone through the letters and prospectus provided to us and understood all rules , regulations and procedures mentioned there in. Also I confirm that the applicant has signed the form in my presence.

Date : .....

Signature of parents/guardians

## FOR OFFICE USE ONLY

Selected for :

### CHECK LIST :-

- Self attested copy of last qualified mark sheet
- Self attested copy of any diploma / degree (If done)
- Self attested copy of date of birth certificate
- Medical fitness certificate
- Copy of passport (if have)
- 2 passport sized photograph
- Signature of applicant
- Signature of parents / guardians
- Receipts of all payment made
- Copy of letters provided

Verified by :