

10. Date of Birth (As given in 10th exam certificate)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Month	Year			

11. Age (on current date)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	Month	Day	

12. Sex [Put (✓) mark in the box as applicable to you]

<input type="checkbox"/>	<input type="checkbox"/>
Male	Female

13. Nationality

[Put (✓) mark in the box as applicable to you]

Indian Others

If others, specify

14. Territory Code

[Put (✓) mark in the box as applicable to you]

Urban Rural

15. Category

[Put (✓) mark in the box as applicable to you]

Gen SC

ST OBC

16. Social Status

[Put (✓) mark in the box as applicable to you]

Service Ex-service Not applicable

17. Marital Status

[Put (✓) mark in the box as applicable to you]

Married Unmarried

18. Educational Qualifications

Qualification	Main Subjects	Year of Passing	% of marks	Name of the Board/university Code

DECLARATION

I hereby state that I have read and understood the rules and regulations of the training schedule and agree to abide by them. I also agree that in case of my failure to abide by the rules and regulations may result in termination of training and or forfeiture of fees deposited by me. I also undertake to indemnify Sea Explorers' Institute, Underwater Diving School, it's members, staff and faculty against any liability arising out of any accident and or incident that may result in injury, disability or even death.

.....
Date

.....
(Signature of the Student)

Application Form can be submitted by Regd. Post / Speed Post at ☑ The Secretary General, Sea Explorers' Institute, Outram Ghat, Kolkata – 700 021 . ☎033 2248 7585 ☎033 2248 8468 (Fax), you may visit 🌐www.seiindia.org and download the application form.

CHECKLIST

Tick (✓) the relevant boxes, affixed photographs and sign over it, attach the following :

- i) Certificate in support of educational qualification(s)
- ii) Movement order wherever required (*For Defense personnel only*)
- iii) Age proof certificate, wherever required
- iv) Category for SC/ST/PH candidates, wherever required
- v) 2 copies stamp size photograph (*Defense personnel with uniform*)
- vi) Medical form
- vii) Physical Verification form

Sea Explorers' Institute

Kolkata

NAME _____ Date of Birth _____

TO THE APPLICANT

PHYSICAL EXAMINATION REQUIREMENT

Diving requires you to be in top physical condition. The effects of cold water, pressure, waves, current, etc., are a constant strain on the body. A physical examination is necessary before you start, and should be followed up every twelve months.

MEDICAL HISTORY

1. Have you had any previous diving experience? _____ Have you done any flying? _____ If so, did you often have trouble equalizing pressure in your ears or sinuses? _____ Do you experience unusual discomfort in your ears at the bottom of a swimming pool? _____
2. Do you participate regularly in active sports? _____ If so, specify what sports (s)? _____
_____ If not, indicate the type of exercise you normally do _____
3. Have you ever been refused insurance, rejected or discharged from the armed forces, or denied employment for medical reasons? _____ If so, explain why? _____
4. When was your last physical examination done? Month _____ Year _____ Last chest X-ray? Month _____ Year _____
5. Have you ever had an electrocardiogram? _____ and electroencephalogram (brain wave study)? _____
6. Do you have a history of asthma? _____ Do you have active asthma at present time? _____ If you answer "yes" to either question, please describe fully in the "remarks" section below.
7. Do you have history of back trouble or injury to your back/spine? _____ If so, describe fully in the "remarks" section below.
8. What is your blood group? _____
9. Do you suffer from allergies? _____ If so, specify the substances you are allergic to _____
_____ Are you allergic to any group of drugs? _____ If so, specify the group of drugs.

ANSWER THE FOLLOWING YES OR NO

HAVE YOU HAD : (if answer is "yes", describe fully in "remarks" section below)

- | | |
|--|---|
| 8. Frequent colds or sore throat _____ | 26. Syphilis or gonorrhoea _____ |
| 9. Hay fever or sinus trouble _____ | 27. Broken bone, serious sprain or strain, dislocated joint _____ |
| 10. Trouble breathing through nose.
other than during colds _____ | 28. Rheumatism, arthritis or joint trouble _____ |

- | | |
|--|---|
| 11. Painful or running ear, mastoid trouble, broken ear drum _____ | 29. Severe/frequent headaches _____ |
| 12. Shortness of breath after moderate exercise _____ | 30. Head injury causing unconsciousness _____ |
| 13. Chest pain/persistent cough _____ | 31. Dizzy spells/fainting spells, or fits _____ |
| 14. Spells of fast regular pounding heart-beat _____ | 32. Trouble sleeping, frequent night mares, sleepwalking _____ |
| 15. High or low blood pressure _____ | 33. Nervous breakdown or periods of marked nervousness _____ |
| 16. Any kind of heart trouble _____ | 34. Dislike for closed-in spaces, large open spaces or high places _____ |
| 17. Frequent upset stomach, heartburn or indigestion, peptic ulcer _____ | 35. Any neurological condition _____ |
| 18. Frequent diarrhea or blood in stool _____ | 36. Train/sea or air sickness _____ |
| 19. Stomach or back ache lasting more than a day or two _____ | 37. alcoholism, or any drug abuse or narcotic substance abuse _____ |
| 20. Kidney or bladder disease; blood sugar or albumin in urine _____ | 38. Any serious accident, injury or illness not mentioned above? If so, describe _____
_____ |
| | (Use additional sheet, if necessary) |
| 21. Recent gain or loss of weight or appetite _____ | 39. Are you HIV +? _____ |
| 22. Jaundice or hepatitis _____ | |
| 23. Tuberculosis _____ | |
| 24. Diabetes _____ | |
| 25. Rheumatic fever _____ | |

REMARKS (Use additional sheets, if necessary)

I hereby certify that, to the best of my knowledge, I have answered all questions correctly and that I have disclosed all pertinent data in the "remarks" section to all applicable questions that I have answered "yes". I further understand that if I have failed to reveal any of my prior medical history, such omission could have an adverse effect on my employability as a Commercial Diver.

APPLICANT'S SIGNATURE _____ DATE _____