

Form No.



QSF-ADM-01 ISSUE : 01	BATCH NO.	ROLL NO.	CERTIFICATE NO.	DATE

S. E. I. Educational Trust
Sea Explorers' Institute
OUTRAM GHAT, KOLKATA-700 021
 Phone : 2248-7585

**APPLICATION FORM FOR ENROLMENT IN
 ELEMENTARY FIRST AID/MEDICAL FIRST AID/MEDICAL CARE COURSE**

Name (Block Letters)

Permanent Address

..... Phone.

Local Address

..... Phone.

Date of Birth

Place of Birth

Qualification

Next of kin : Name

Relationship

Address

Extra-curricular Activities/Hobbies

Height Weight

Present Appointment

Duration of Sea Service C.D.C. No.

Passport No.

RankCertificate of Competency Grade

No.Discharge Book No

Indian National Date-base (INDos No.)

Medical First Aid Certificate (X-erox Copy) No

Course seeking enrolment : ELEMENTARY FIRST AID MEDICAL FIRST AID MEDICAL CARE COURSE

Date **Money not refundable**

(*Signature of the applicant*)

FOR OFFICE USE

Admitted/Not admitted for

Course Director

Managing Trustee