



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

Date      Month      Year

**11. Age** (on current date)

Year      Month      Day

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

    

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](http://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)

- |   |   |
|---|---|
| 10. Frequent colds or sore throat _____ | 28. Syphilis or gonorrhoea _____                                  |
| 11. Hay fever or sinus trouble _____    | 29. Broken bone, serious sprain or strain, dislocated joint _____ |
| 12. Trouble breathing through nose.     | 30. Rheumatism, arthritis or joint trouble _____                  |

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

(Use additional sheet, if necessary)

REMARKS (Use additional sheets, if necessary)

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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 \_\_\_\_\_