


Form B

Form No. _____

Non Sponsored / **Sponsored**

	INDIAN MARITIME UNIVERSITY East Coast Road, Uthandi, Chennai – 600 119	Affix your passport size photograph (3.5 cm x 4.5 cm) duly attested by you.
<u>APPLICATION FORM FOR ADMISSION</u>		
(This application form is to be filled-in after qualifying in the Entrance Test. Completed form with copies of certificates/testimonials along with requisite fee by way of Demand Draft in favour of the Indian Maritime University, payable at Chennai to be submitted during Counselling.)		

1. Programme Title : _____
2. Enrollment No.(To be allotted by IMU): _____
3. Details of Fees : Demand Draft No. : _____
Date & Bank Name: _____
Amount : _____
4. Name of the Student : _____
(as in your Secondary (10th Class) Examination Certificate)
5. Father's (or) Mother's Name : _____
6. Address for Correspondence : _____

7. Telephone No. (if any) with STD Code: _____
8. Mobile No. (if any) : _____
9. E-mail Address (if any) : _____
10. Date of Birth : _____
11. Age : Years Months Days
(as on date of commencement of course)
12. Sex : Male Female
13. Nationality : Indian Others
(If others please specify)

14. Territory Code : Urban Rural
15. Category : Gen. SC ST OBC

16. Relevant Educational Qualification (which make you eligible for the programme)				
Qualification	Main Subjects	Year of Passing	% of marks in PCM/ B.Sc., (Final Year)/ B.Tech.	Name of the Board
10 + 2 B.Sc., B.E./ B.Tech				(Board/University must be approved/recognized by the Government of India)
Highest percentage of marks obtained in English in 10 th <input type="checkbox"/> or 12 th <input type="checkbox"/> or B.Sc./B.Tech <input type="checkbox"/> examination.				
<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %				

20. Name of Sponsoring Shipping Company
(to filled in by Sponsored candidates only)

DECLARATION BY APPLICANT

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I am seeking admission. I fulfill the minimum eligibility criteria for this programme as prescribed in the prospectus. I have provided necessary and relevant information. In the event of any information being found incorrect or misleading, my candidate shall be liable to cancellation by the University at any time and I shall not be entitled to refund of any fee paid by me to the University. Further, I have carefully studied the rules of the University as printed in the Prospectus and I accept them and shall not raise any dispute in future over the same rules. I further declare that I am medically fit as per the standards set by Merchant Shipping Medical Examination Rules, 2000, as amended from time to time and have also got my eye-sight checked from a qualified Eye specialist who has certified that I possess 6/6 eye-sight in both eyes and do not suffer from colour blindness and therefore I shall not be entitled for any refund of fee paid to IMU at any stage of admission in case I am declared ineligible during MMD eye-sight test/Medical Fitness Test.

Date

Signature of candidate

CHECKLIST

Before submitting the application form please make sure that you have affixed your photograph and signed over it and attached the following: (Tick the relevant boxes):

- i. Demand Draft for Registration
- ii. Self attested Certificates in support of your eligibility qualification(s) (attach attested copies of relevant marks-sheets & certificates)
- iii. Self-attested Category Certificate for SC/ST/OBC candidates wherever required.
- iv. Self-attested Date of Birth Certificate (attach attested copy of secondary (10th) examination certificate issued by a recognized Board)
- v. Admit Card of Entrance Test in ORIGINAL
- vi. Self-attested Sponsorship Certificate from the employing Shipping Company. (in case of Sponsored candidates only)