

Fleet Ocean Maritime Academy

Office: Gat no.1924, Mohitewadi, pimpalgaon, Tal. Khed, Pune-410501.

Tel .No:-+91-9730711406 Email:- enquiry.foma@gmail.com Website:-www.foma.org.in

Application Form

PLEASE FILL THE FORM IN COURSE APPLIED FOR	N CAPITAL LETTERS					
1.PERSONAL PARTICULA	ARS:					
NAME OF THE APPLICANT						
FATHER'S NAME						
DATE OF BIRTH:						
2.ADDRESS FOR COMMUNICATION:						
*PERMANENT ADDRESS:						
	PIN					
PHONE WITH S.T.D.CODE						
MOBILE NO.						
E-MAIL						
*PRESENT ADDRESS:						
	PIN					
PHONE WITHS.T.D.CODE						
MOBILENO.						
E-MAIL						



URRENT EDUCAT	ION QUALI	FICATION(S	STREAM)			
QUALIFICATION	MARKS		SCHOOL/COLLEGE	PASSING	BOARD	PERCENTAGE
	MATH'S	ENGLISH	3CHOOL/COLLEGE	YEAR	BUARD	%
FATHER'S NAME: FATHER'S CELL I MOTHER'S NAME MERIT/NCC/O	NO.:	HIEVEME	NT:	OCCUP#	ATION :	
	ANY CI O	SE RELA	TIVES IN MERCHAN	IT NAVY,GI\	/E THE DE	TAILS:
IF YOU HAVE	020					



7.DECLARATION

- 1.I certify that all the information contained in this enquiry form is true to the best of my knowledge. I have not with held any material / information that would affect my application /selection. Should any information be found incorrect, I understand that the board of FOMA Reserves the right to terminate my training without any refund of my fees and the board of FOMA will not be liable to compensate me in anyway.
- 2.1 am aware that I' am subject to urine, drug, medical test for selection. At any time during my training, if urine/ drug found positive of I am found medically unfit, my training may be terminated and I agree to be overall expenses towards my training /treatment.
- r required.
- transfer.

3.I agree to produce the originals of all my certific	ates at the time of interview and wheneve					
4.I am aware and agree, that after selection and joining with Fleet Ocean Maritime Academy ,if I with draw for any reason, no money will be refunded.						
5. Along with this application form I have to pay Rs6. NO cheque or DD accepted by Fleet Ocean Mari						
Place:-						
Date:-						
CANDIDATE SIGNATURE	PARENTS SIGNATURE					
For office purpose:						
Three sets of following documents are to be enclo APPLICABLE	sed along with the application form /AS					
Attested copies of secondary / 10th mark	sheet					
Attested copies of secondary/10+2stdmar	ksheet					
Attested copies of certificate in support o	f your date birth					
6 color passport size photographs(in white)	e shirt)					
Attested copies of all mark sheets of Diple	ота					
Attested copies of all mark sheets of Grace	luation					