



# INTERNATIONAL MARITIME ACADEMY



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## GP - RATING (6 Months)



### Name

(as in the School Certificate) : .....

Date of Birth : ..... Age : .....

Place of Birth : .....  
Town District State

Father's Name / Mother's Name : .....

Religion : .....

Present Address : .....  
 (where now residing) .....

Phone No. (with STD code) : .....

Mobile No. : .....

Next of Kin Relationship : .....

Name & : .....

Address : .....

Telephone No. (with STD code) : .....

EDUCATIONAL QUALIFICATION (FOR GP RATING)							
10th Standard Passed (Yes / No)		Marks Scored		Total Marks		Average Percentage	
Pass in Maths (Yes / No)		Pass in Science (Yes / No)			Pass in English (Yes / No)		
% in English	10th Std.		12th Std.		Any other Degree / Diploma		
Eye Sight			Colour Blindness (Yes / No)				
Personal Identification Marks :							

### DECLARATION

I confirm that the information contained in this application form is true to the best of my knowledge and belief. I have not withheld any material / information that could effect my application / selection. Should any information be found incorrect, I understand that Board of **IMA** reserves the right to terminate my training without any refund of my fees and the Management of **IMA** will not be liable to compensate me in any way. I have read and understood contents of the Prospectus and agreed to all terms and conditions contained therein. I am aware and agree that after selection and joining the **IMA**, should I withdraw for any reason, no money will be refunded. I also confirm that my mark sheet is genuine and it is from a recognised board. I agree that if my mark sheet is found fake, Academy has the right to take any kind of legal action against me. Also in case, if I discontinue from the course on my own decision after selection (or) dismissed from the Academy by the management, I am liable to pay the full course fee without any balance. I agree that when I reserve my seat for admission by paying Reservation Fee, and not joining the Course, the fee whatever paid will not be refunded. If I cancel my reserved seat even before the commencement of the course, whatever fee paid, will not be refunded. I agree, all disputes are subject to the jurisdiction of Chennai City only. I declare myself that I checked my physical condition & eye vision through a doctor before joining this course & I am fully fit for joining this course as per the eligibility criteria. Incase, If am found medically unfit (Physical fitness / Eye Vision & Colour blindness), & unable to continue my course, I will not demand for the refund of course fee either part or full.

\_\_\_\_\_  
**Signature of the Parent / Guardian**

\_\_\_\_\_  
**Signature of the Applicant**

### **For Office use Only** (This should not be filled up by the applicant)

#### **GP Rating Course Admission**

<b>Check List</b>	<b>✓</b>	<b>Verified By :</b>
1. Date of Birth (Proof)		
2. 10th Mark Sheet		Any deficiency :
3. Proof for 40% English Marks		
4. Passing Certificate		Enrollment No. :
5. Medical Certificate		
6. Signature of Parent / Student		Date :