भारतीय नोपहन निगम लिमिटेड (भारत सरकार का उग्रम) समुद्धी प्रजिक्षण संस्थान 52-शी, आदि शंकराचार्य मार्ग, पवई, मुंबई - 400 072. ई.मेल - mti@sci.co.in, फेक्स : 91-22-2570 0338 दूरमाषा : 2570 1430 / 31 / 32 / 33



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Application Format

With reference to your advertisement, I submit my application in the prescribed format for the post of ______ In your organization.(Please mention if the application is for full time contract basis OR visiting basis OR both).

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:

- 1. Post Applied for
- 2. Full Name : (First name/Middle Name/Surname, Mention Mr./Mrs./Ms)

PLEASE AFFIX YOUR RECENT PASSPORT SIZE PHOTOGRAPH HERE AND SIGN ACROSS

- 3. Date of Birth(DD/MM/YYYY) :
- 4. Age as on 01/12/2022

(YRS/MONTHS/DAYS)

- 5 Permanent Address
- 6 Address for Communication
- 7 Telephone Number(with STD code):
- 8 Mobile number
- 9 E-mail
- 10 Educational Qualification



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- 11 Professional Qualification
- 1. Certificate of Competency :Date of Issue/Place of Issue
- 12 Total experience :

13 Certificate Details

| Course | Certificate No. | Issue Date | Issuing Authority |
|-----------|-----------------|------------|-------------------|
| Name | | | |
| VICT/TOTA | | | |
| AECS | | | |
| TSTA | | | |

- 14 Reference person (with Mob. No.):
- 15 Disclosure of relatives working:in SCI(please furnish details)
- *16* Particulars of experience(Latest first):

| Sr. No. | Organization | Designation | Place of Posting | From dd/mm/yyyy | To dd/mm/yyyy | Total Service | Nature of Work/Acti vities carried out |
|------------|--------------|-------------|---------------------|--------------------|------------------|------------------|-------------------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Please state your teaching experience, if any:

| Sr. No. | Organization /Institute | Subjects Taught | From dd/mm/yyyy | To dd/mm/yyyy | Total Years | TOTA Yes or No |
|------------|----------------------------|-----------------|--------------------|------------------|----------------|-------------------|
| | | | | | | |
| | | | | | | |

I, hereby, declare that I have carefully read and understood the instructions supplied to me and that all the entries in this form are true to the best of my knowledge.

Place:

Date: