



GREATWAY SHIPPING SERVICES PVT. LTD.

Executive Business Center, Office no.204, level-II
SCO NO .3033/34, Sector 22-D Chandigarh-160022
Ph: 0172-4617922, Mob: +91 98144-87922

Email: info@sevenseasshippingsservices.com , greatwaymerchantnavy@gmail.com

Website: www.sevenseasshippingsservices.com



APPLICATION FORM

Course Applied for

Name:

(As mentioned in school certificates)

Date of Birth:

Father's Name.....

Present Address (with Pin code)

.....

Mobile No: Email.....

Next of Kin Relationship

Name

Contact No:

Detail of Educational Qualification

Sr. No.	Class	Marks Obtained	Maximum Marks	Percentage %	Name of the Edu. Board
1.	Matriculation				
2.	Senior Secondary				
3.	Any other				

Final Qualification (with stream).....

Affix
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PHOTOGRAPH
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Personal identification Marks:

Declaration

I confirm that the information contained in this application form is true to the best of my knowledge and belief.

Place:

Dated:

(Signature of the Guardian)

(Signature of the Applicant)

.....

For Office use only

Check List of document annexed

Sr. No.	Nature of document (Attested photocopy)	Attached / Not attached
1.	Date of Birth Proof/ 10 th Certificate	
2.	12 th Mark Sheet / Certificate	



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Please send the Demand Draft Rs.800/(Eight Hundred Only) along with the Applicant form in
favour of

“GREATWAY SHIPPING SERVICES PVT. LTD.”

Payable at Chandigarh

DD NO.	Dated	Bank Name	Amount

.....
Signature of parents /Guardian

.....
Signature of Applicant

Date