Form A



INDIAN MARITIME UNIVERSITY

A central University Government of India, Ministry of Shipping

East Coast Road, Uthandi, Chennai 600 119

APPLICATION FORM FOR DNS COMMON ENTRANCE TEST

FOR OFFICE USE ONLY ENROLLMENT NO: Affix your passport size photograph ONLY FOR DNS (3.5cm x 4.5 cm) SPONSORED NON SPONSORED duly attested by you NAME OF SPONSORING SHIPPING COMPANY (TO BE FILLED BY THE SPONSORING CANDIDATES ONLY) : **APPLICATION TO BE FILLED IN CAPITAL LETTERS** 1. Name of the candidate 2 .Father's (or) Mother's Name 3. Sex Male Female 4. Address for Correspondence 1st line: 2nd Line: City State Pincode: 5. Contact Number -Mobile Telephone No with std code 6.Email id in capital letters 7 .Date of Birth DD/MM/YYYY 8. Age 9.Religion 10. Category GENERAL OBC 11. Nationality : INDIAN OTHERS

Others means specify

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12. Territory Code : Urban Rural				
13. Exam Center Name :				
14. Exam Center Code				
15. BANK NAME STATE BANK OF INDIA INDIAN BANK AXIS BANK				
JOURNAL NO.				
DATE /		4 1 1/1 1 1		
16. Relevant Educational Cualification (which make you eligible for the programme)				
Qualification			of marks in PCM/B.Sc.,	Name of the Board
Qualification	Main Subjects	Teal of Fassing	(Final Year) / B.Tech	Name of the Board
	PHYSICS CHEMISTRY		% %	
10 +2	MATHS		——————————————————————————————————————	
	Overall Percentage		• %	
B.Sc.,			%	
B.E. / B.Tech.] - %	
				(Board/University must be approved / recognized by the Govt. of India)
Highest Percentage of marks obtained in English in 10th or 12th or B.Sc./B.Tech examinations.				
%				
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 fulfil 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 candidatureshall 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 : L			Cian	enture of the Condidate
CHECK LIST Signature of the Candidate				
Before submitting the application form please make sure that you have affixed you photograph and signed over it and attached the following (Tick the relevant boxes):				
Challan for Application Fee for Rs. 1000/- (Rs. 700/- in case of SC/ST Candidates or Challan Copy or Proof of Payment to Bank)				
ii. Self-attested Category Certificate for SC/ST/OBC candidates wherever required. Page 2				