



AMS Nursing Maritime & Hospitality College

Paste Colour

3.5cms X 3.5cms

PLEASE FILL THIS FORM IN CAPITAL LETTERS ONLY

Application No.: AMS-GPR-_____

➤ Personal Particulars

Name : _____

(As in your 10+2 Marksheet/Passport)

Date of Birth : _____ Day _____ Month _____ Year

Place of Birth : _____ State _____

Present/Permanent Address : _____

State _____ Pin _____

Phone Number (With STD Code) : _____ Mobile +91 _____

Electronic Mail : _____ @ _____

Height (Cms.) : _____ Weight (Kgs.) _____

Marital Status : _____ Vegetarian /Non-Vegetarian _____

Qualification : Board _____

Year Passed (10th /X) : _____ English _____ %

Year Passed (10+2) : _____ Stream {Arts/Commerce/PCB} English _____ %

Other Qualification (Specify) : _____ Year Passed _____

If Graduate (Specify) : _____ Year Passed _____

➤ Family

Father's Name : _____

Father's Qualification : _____ Profession _____

Mother's Name : _____

Mother's Qualification : _____ Profession _____

Number of Brothers : _____ Number of Sisters _____

➤ Next of Kin

NAME : _____

Relationship : _____ Phone _____

➤ Passport

Passport Number : _____ Issued at _____

Date of Issue : _____ Expiry _____

➤ Can You Swim : Yes/No _____ If Yes _____ Meters

➤ Do you have any close relatives associated with Merchant Navy/Cruise Lines?

Name : _____ Relationship _____

Rank : _____ Company _____

➤ Declaration

I accept that I have read and understood the contents and agree to abide by all terms and conditions. I certify that the information filled by me in this application is true to the best of my knowledge and belief. I have not withheld any material/information that would affect my application/selection. If any information be found incorrect, false, I understand that AMS reserves the right to rusticate me without any refund of my fee and AMS will not be liable to compensate me in anyway. I understand that fee once paid, is non-refundable/non-transferable to any other candidate's account. I am aware and agree that after selection and enrolling, should I withdraw for any reason whatsoever; no fee in part or in full will be refunded to me. Court(s) of Delhi shall have the Jurisdiction in case of any dispute.

Signature of Applicant

Counter Signed

(Father/Mother/Legal Guardian)

Date: _____

Name: _____

Place: _____

Relationship: _____

Please ensure that following documents are enclosed.

- 1) Copies of Mark sheets of class 10/10+2/B.Sc./Others
- 2) Photographs of Applicant 2 Nos. each in white shirt, without headgear (Except Sikh cadets) (3.5 cms X 3.5 cms)
- 3) Medical Fitness Certificate from DGS Approved Doctor, Including Eyesight and colour vision
- 4) Aptitude (which you have sent us earlier through WhatsApp/Email)

➤ For Office use only:

Interviewed on _____ Interview/Medical Results _____

Remarks _____