



COIMBATORE MARINE COLLEGE

(Approved by D.G.Shipping, Govt. of India)

No.296, Pollachi Main Road, Myleripalayam, Othakkalmandapam (P), Coimbatore – 641 032. Tamil Nadu

Tel: +91 - 422 2612200 to 244 (45 Lines) | Fax: +91 - 422 2611222 | Mob: +91 - 98431 55985

E-Mail: cmcinfo@cmc.ac.in, pro@cmc.ac.in | Website: www.cmcmarine.in

Affix Recent
Passport Size
Photograph

APPLICATION FORM

Candidate Full Name (IN CAPITAL LETTERS) - As given in the records of Board / University

Date of Birth: DD / MM / YYYY **Address:** _____

Pincode _____

Phone: _____ **Mobile:** _____ **Email:** _____

Course Opted:

- B.Tech Marine Engg. B.Tech Marine Engg. (Lateral Entry) B.Sc. Nautical Science
 1 Year - GME 2 Years - DME ETO
 OCCP BBA (Logistics and Shipping)* MBA (Logistics and Shipping)*

How did you come to know about the college?

Signature of Candidate

Signature of Parent / Guardian

OFFICE USE ONLY

Reference No: _____

Admitted Under : Government Quota Management Quota Others _____

Admitted Course: _____

Fee Details	Term 1 ()	Term 2 ()	Term 3 ()	Term 4 ()
I Year				
II Year				
III Year				
IV Year				

Remarks: _____

Admission In-charge

Head of the Institution

Chairman

Candidate Personal Details:

Candidate Full Name (IN CAPITAL LETTERS) - As given in the records of Board / University

Date of Birth ____/____/____ Age as on First July 20____ : _____ Gender: Male Female

Blood Group: _____ Mother Tongue: _____

Place of Birth: _____ Religion: _____

Community: _____ Caste: _____

Father/Guardian Name: _____ Occupation: _____

Mother Name: _____ Occupation: _____

Are you Citizen of India: Yes No _____ Family Income per Annum: _____

Address: _____

_____ Pincode _____

Phone: _____ Mobile: _____ Email: _____

Mode of Study

Day Scholar (If Day Scholar Bus Facility Required Yes No) Hosteller

Candidate Educational Details:

1. Education Qualification: _____

2. Name of the School / College: _____

3. Name of the Board / University: _____

4. Marks Details: Regular Entry - IMU CET Enrollment No. Rank

% of Marks in English		% of Marks in 12 th STD			PCM % in 12 th STD	Overall % in 12 th STD
10 th STD	12 th STD	Physics	Chemistry	Maths		

Lateral Entry / GME / ETO / OCCP / MBA

% of Marks in English				% of Final Two Semesters		Overall %	
10 th STD	12 th STD	Diploma	Degree	Diploma	Degree	Diploma	Degree

Declaration

I hereby declare that to the best of my knowledge the particulars given above are true. As a part of the academic course, when I undergo practical training, if any untoward incident occurs to the safety of my personal life, the institution or any other organization involved is not liable for any eventuality.

I am aware to the consequence under prohibition of **Ragging Act**. I assign that I shall not indulge in any ragging activities.

I also agree to sign the **Memorandum of Understanding** with the institution and abide by the conditions laid in the Memorandum of understanding of campus and hostel rules.

Further, I declare that I am medically fit to do this course and also I am aware and agreeing that fees once paid will not be refunded under any circumstances by the Institution.

Date: _____

Place: _____

Signature of Candidate

()

Signature of Parent / Guardian

()

Note:

1. Original Document to be Submitted at the time of Joining

Regular Entry

- a) 10th Marksheet
- b) 12th Marksheet
- c) Transfer Certificate
- d) University Allotment Letter
- e) 10 Copies of Passport Size Photo
- f) 04 Copies of Stamp Size Photo

Lateral Entry / GME / ETO / DME / OCCP / BBA / MBA

- a) 10th Marksheet
- b) 12th Marksheet / Diploma Marksheet / Degree Marksheet
- c) Transfer Certificate
- d) Provisional / Degree Certificate
- e) 10 Copies of Passport Size Photo
- f) 04 Copies of Stamp Size Photo

2. 06 Copies of each Academic Documents (Attested) except University Letter

3. Disputes if any are Subject to Coimbatore Jurisdiction only

FOR OFFICE USE ONLY

Application Received on: ____/____/____

Academic Standard

Marks Obtained (Regular Entry Lateral Entry Others _____)

10th STD - English _____%

12th STD - English _____% PCM _____% Over-all _____%

Diploma - English _____% Final Year _____% Over-all _____%

Degree - English _____% Final Year _____% Over-all _____%

IMU CET Rank _____

Medical Standard

Required Medical Test: Yes No

Medical Form No: _____

Eye Sight: Normal Abnormal (_____)

Color Blindness: Yes No

Medically Fit: Yes No

Identification Mark 1. _____

Identification Mark 2. _____

Color of Hair: _____ Color of Eye: _____ Height: _____

Documents Enclosed

	Photocopies with Attested	Original
a) 10 th Marksheet	<input type="checkbox"/>	<input type="checkbox"/>
b) 12 th Marksheet	<input type="checkbox"/>	<input type="checkbox"/>
c) Diploma Marksheet / Consolidated	<input type="checkbox"/>	<input type="checkbox"/>
d) Degree Marksheet / Consolidated	<input type="checkbox"/>	<input type="checkbox"/>
e) Transfer Certificate	<input type="checkbox"/>	<input type="checkbox"/>
f) Provisional / Degree Certificate	<input type="checkbox"/>	<input type="checkbox"/>
g) University Allotment Letter		<input type="checkbox"/>
h) 10 Copies of Passport Size Photo		<input type="checkbox"/>
i) 04 Copies of Stamp Size Photo		<input type="checkbox"/>
j) Others Specify _____		<input type="checkbox"/>

Remarks: _____

Date: _____

Admission In-charge
(_____)