



NATIONAL INSTITUTE OF WATERSPORTS

(A Center under Indian Institute of Tourism and Travel Management)

Ministry of Tourism, Government of India

COURSE REGISTRATION FORM

Course No : _____

Schedule : _____

Profile of Trainee

Full Name (in capital letters) : _____

Age and date of birth : _____

Father's Name : _____

Present Address : _____

Telephone & Mobile : _____

State of domicile : _____

Course Applied : _____

Educational qualification : _____

Purpose of undergoing course (✓):

Employment	Self-employment	Hobby	Others (Pl. specify)
------------	-----------------	-------	----------------------

Hereby declared that I do not hold any valid license/ certificate from NIWS on the course(s) for which I am taking fresh admission at present. I do understand that holding more than one valid license of the same course at a time it is illegal and against rules. Further to certify that the above furnished information is true and correct to best of my knowledge and understanding.

Date:

Signature of Trainee

FOR OFFICE USE

A. Documents submitted:

Photographs _____ nos.	Proof of identity	Proof of address	Proof of qualification
------------------------	-------------------	------------------	------------------------

B. Fees: Rs. _____ paid, bearing D.D No. _____ dated _____ drawn on Bank _____

C. Old license returned (in case applicable): _____

Name & Designation of NIWS Official : _____

Signature (with date) : _____