



ACCIONS SCHOOL OF MARITIME AND LOGISTICS

2/417-A, ACCIONS TOWER, 2nd CROSS, MURUGAN NAGAR,
MALUMICHAMPATTI, MADUKARAI TALUK,
COIMBATORE, 641050, TAMIL NADU INDIA.
+91422-2930333, +919362930333
admin@accions.org,
www.accions.org

APPLICATION FOR ADMISSION

Fill up the details in English in block letters

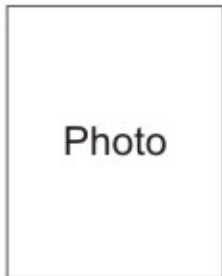
Use blue/black ball point pen for filling the details

Read carefully the Instructions given in the Appendix

Put mark wherever applicable

For Eligibility Criteria, please visit our website www.accions.org

Application No.	
Roll No.	



1. Name of the Applicant

Family Name

First Name

Code

2. Course Applied for :

3. Date of birth

4. Gender Male Female

5. Blood Group

6. Nationality

7. Email Id of the Applicant :

8. Contact No of the Applicant :

9. Name of the Father / Guardian

10. Email Id of the Father :

11. Mother's Name

12. Contact No. of Father :

13. Occupation of Father / Guardian

14. Occupation of Mother

15. Permanent Address (Home Town) (Do not repeat the Name)

Pincode State

Country

22. Medical Details

Height (in cms)	
Weight (in kgs)	
Eyesight	Normal <input type="checkbox"/> Short Sighted <input type="checkbox"/> Far Sighted <input type="checkbox"/>
Colour Blindness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood Group	
Allergy (if any)	
Treatment History (if any)	

23. About yourself

Hobbies	
Interests	
Briefly about yourself	

Declaration

I confirm to the best of my knowledge that the information given in this form is correct. If admitted to this course, I, also agree to abide by the rules and regulations of Accions School of Maritime and Logistics. I do agree to abide by the Anti Ragging Regulations, as directed by the Hon'ble Supreme Court of India. . I further understand that I am not entitled to any discounts/refunds and will be required to pay fees in full.

.....

Applicant's Signature

.....

Father's / Mother's / Guardian's Signature

Date

For Office use only

At the time of Submission of Application

Application Received on :	Verified by (Name) :
Application Received by :	Verified by (Sign) :

Post - Admission Process

Medical Examination	Fit		Unfit	
Selected for admission	Yes		No	

Payment Mode : Online Demand Draft

Date :

Signature of Administrative officer

Send filled in Application through postal & courier to Campus Address

Please visit www.accions.org for information

CAMPUS

ACCION SCHOOL OF MARITIME AND LOGISTICS

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