



NATIONAL INSTITUTE OF WATERSPORTS

(A Centre under Indian Institute of Tourism & Travel Management)
Ministry of Tourism, Government of India

COURSE REGISTRATION FORM

Profile of Trainee

Course No.: _____

Course Schedule: _____

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)
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It is certified that the information furnished above are true and correct to best of my knowledge and understanding. Hereby to further declare that I do not hold any valid license /certificate at present from NIWS on the course(s) in which I am taking fresh admission for certification. I do understand that it is illegal to hold more than one valid license of the same course at a time.

Date:

Signature of Trainee

FOR OFFICE USE

A. Documents submitted:

Photographs ____nos.	Proof of identity	Proof of address	Proof of qualification
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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) : _____

Near Dona Paula Circle Caranzalem -403004, Goa

Tel: 0832-2454800, 2456050: Email niwsgoa@gmail.com: Website : www.niws.nic.in

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