



GOA SHIPYARD LIMITED
(A Government of India Undertaking)
VASCO-DA-GAMA, GOA
APPLICATION FOR APPRENTICESHIP TRAINING

1. Name of the Discipline/Trade: _____
2. Name of the candidate: _____
3. Father's Name: _____
4. Date of Birth (DD MM YY): _____
Age as on 30.06.2026: _____
5. Permanent Address: _____

6. Correspondence Address: _____

7. Phone numbers (Mobile): _____ (Alternate): _____
8. Email Address: _____
9. Nationality: _____ 10. Religion: _____
11. State of Domicile: _____ 12. Emp. Exchange Reg. No. _____
13. Category: SC/ST/OBC/Minority/Ex-serviceman/ physically challenged: _____
14. Details of Educational Qualifications starting from latest to matriculation:

Recent
Passport size
photo

Sl. No.	Details of Exams Passed (whether through regular/ Correspondence courses)	Year & Month of Passing	Subject	Total Marks	Marks Obtained	Div. / Class & Percentage	Name of the University/ Institution
01							
02							
03							

DECLARATION:

I hereby affirm and declare that the statements made in the application above are true and unexaggerated. I undertake that any misrepresentation or material omission made in this application form will render the undersigned liable to immediate termination.

Date:

Place:

(Signature of the Candidate)