



NATIONAL INSTITUTE OF WATERSPORTS

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

Ministry of Tourism, Government of India

Appln. No.: _____

COURSE REGISTRATION FORM

Profile of Trainee

Course No: _____

Full Name (in capital letters) : _____

Age and date of birth : _____

Father's Name : _____

Address : _____

State of domicile : _____

Course Applied : _____

Nature of Course (✓) : **New/** **Revalidation**

Educational qualification : _____

Purpose of doing the course (✓) :

Employment Self-employment Hobby Others (Pl. specify)

Date:

Signature Of Trainee

For Office Use.....

Submitted _____ nos. of photographs/ Proof of address and qualification

Fees of Rs. _____ paid, bearing D.D No. _____ dated _____

drawn on Bank _____

Old license returned: _____

Name & Designation of NIWS Official : _____

Signature (with date) : _____

Sundial Apartment, A.S. Road, Altinho, Panjim, Goa 403 001 Tel/Fax (0832) 2436400 – Tel 2436550,

Email niwsgoa@sancharnet.in Website : www.niws.nic.in

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