

RENEWAL OF INSTRUCTOR QUALIFICATION

1. NAME _____
(Rank & Unit for service personnel) _____
2. DATE OF BIRTH/AGE _____
3. ADDRESS: _____
4. E-MAIL ID _____
5. CONTACT NO. MOBILE _____
6. MEDICAL STATUS _____
7. CLUB REPRESENTED _____
8. ACTIVITY UNDERTAKEN TO PROMOTE YAI NSTS:-

9. DETAILS OF QUALIFICATION:-

Ser No.	Power Dinghy	Boat/	Date of Qualification	Initial	Certificate No. & Date of Validity	Renewal Application Date

10. DETAILS OF TRAINING CONDUCTED:-

Ser No.	Course Sailing / Power Boat	Level Certificate /	Jan – Jun / Jul – Dec	Total Nos of Candidates	Name of Centre

11. SUBMIT PHOTOGRAPH, ORIGINAL CERTIFICATE AND GOVT. ISSUE ID PROOF.

DATE
PLACE:

SIGNATURE