

NB: No Claim will be considered only:

(a) If all above documents are enclosed

(b) The application should be submitted within one month after proclamation of results.

SECTION III (For Official Use)

Mr./Miss/Mrs..... is a bona fide Retired / Active
seaman holder of Discharge Book MAU

Signature.....

(Welfare Liaison Officer)

Date:.....

Remarks of Claims Committee

.....
.....

Signature
Chairman Member Member Member Member

Date:

SEAFARERS' WELFARE FUND

Certificate of Attendance

Academic Year

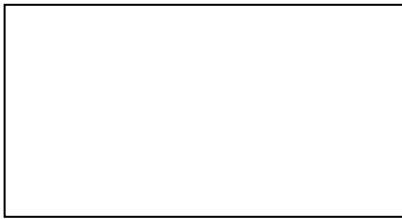
This is to certify that
(Name of Child)

ward of
(Name of Seafarer)

is/was a **full time**/**part-time** student of
(Name of Institution)

in Year

and has been regularly attending classes for period (semester start and end)



Signature:

Name :

Title :

Date :

Seal of Institution

1. In case the student has a high record of absences, please specify below and reason given for such absences

S.N	Month	No. of Absences	Reasons

2. Please note above attendance is required by the Seafarers' Welfare Fund for the payment of a financial assistance, payable to wards of seafarers, on 6 months' basis.
3. You may contact the Secretary on 218 8949, should you need any further information.

N. B (This form is not valid without the proper signature and seal of the institution)