

PAYMENT CUM RENEWAL FORM1. *Name of the applicant (Ward/widow):*

2. **Put a tick mark (√)**

Male	
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Female	
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3. *Selection Serial No. given by KSB:*

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4. *Name of the Course (Do not write branch name or in short form):*

5. *Duration of the Course*

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6. *Mobile No of the Student*

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7. *E-Mail of the Student
(mandatory)*

8. *Particular of ESM / Ex-Coast Guard:*

Name of ESM /
Ex-Coast Guard
Rank
Service Number

9. *Present Address (where you want your letter is to be sent)**(To be filled up only in case of change from previous address or write N / A)*

House No.
Street No. & Name
Tehsil & Post
Distt
State

Pin Code

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Place: _____

Date: _____

Full Name & Signature of the Ward / Widow