

APPLICATION FORM

Pank	Alternative										
			Last Name								
First Name			Lasi Naille	I							
	Address										
Contact number											
001	Email ID										
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DoB I PoB					Citizenship						
Height I Weight				Eye I Hair		1					
	Status				No. of depend						
LANG	JAGE		F		Expected Sala	ary					
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	Qualifi	cation	Board			Passing Year			Total Percentage		
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L	Title	No.	Issue Da	ite	Valid Date	Place of Issue		ļ	Country		
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WA	TCHKEEPING										
VISA											
					Seaman's	Book Details					
	Title	No.	Issue Date		Valid Date	Place of Issue		Country			
	INDIAN										
	PANAMA										
	OTHERS										
					List of C	ompetency					
Title		Certificate No.	Issue Date		Valid Date	Capacity			Place of Issue I Country		
	INDIAN										
	UK										
S	INGAPORE										
A	JSTRALIAN										
F	PANAMIAN										
HONDURAS											
		CC	OURSES AND	CERTIF	FICATE (STCV	V -2010) & OTH	ER MODU	JLAR COURSES			
No.		Title	Certificate		Issue Date	Valid Date			of Issue I Country		
1	Elementary Firs								·····,		
2	Personal Surviv										
-	PSSR										
4	Fire Prevention	& Fire Fighting									
	STSDSD										
	Watch Keeping	Deck	1								
	Course	Engine	1								
12	Tanker safety	OIL	1								
13	(Specialised)	Chemical	1								
	•	LPG				L					
14		Petroleum / Level				L					
16	DCE										
	DCE	Chemical / Level									
17	China Cartain t	LPG / Level	1			ļ					
18 Ships Captain Medicare											
19 Medical First Aid											
	20 Advanced Fire Fighting										
22	ROC										

23	RANSCO								
	Automatic RADAR Plotting AIDS								
25	Liquid Cargo Level -Operational								
26	Handling	Level - Management							
	Ships Maneuvering Simulator								
29	Familiarisation Training								
	Passenger Safety Training								
	Risk Assessment & Management								
	ECDIS								
	Bridge Team ma								
	Engine Room Level								
÷.	-	Level					1		
	Ship security Officer								
40	Country								
41	GMDSS	Endorsement							
42	Refresher & Upo	dating Training							
43	Yellow Fever Vaccination								
44	ISPS								
45	ISM								
					Seagoing	Experience			
No.	Rank Company		VSL Type Vessel Name		DWT/ GRT	Eng BHP	Eng Type	Sign On - Sign Off	
1									
2									
3									
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12									

SIGNATURE OF CANDIDATE

DATE: