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| **01. PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. GENERAL PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Date of Birth: | | | | | | Place of Birth: | | | | | | | | | Nationality: | | | | | |  | | | | | | | |
| Permanent address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Post code: | | | | |  | | | | | |  No.: | | |  | | | | | | | | | | |
| E-Mail address: | | | |  | | | | | | | | | | | No.: | | |  | | | | | | | | | | |
| Present address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Post code: | | | | |  | | | | | |  No.: | | | |  | | | | | | | | | |
| Civil Status : | | | Single / Married / Separated / Divorced / Widowed. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Height : | | |  | | Cm: | | | | |  | | | Weight : | | |  | | | | | |  | | | | |  | |
| Boiler Suit Size : | | | | | | | | | | | | | Shoe Size : | | | | | | | | | | | | | | | |
| **B. DETAILS OF FAMILY (INCLUDING NEXT OF KIN)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name of Next of Kin : | | | | | | |  | | | | | | | | | | | | Relationship : | | | | | |  | | | |
| Address of Next of Kin : | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Post code: | | | |  | | | | |
| Contact telephone numbers: | | | | | | |  No.: | | | |  | | | | | | | | | No.: | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Data** | | **Name** | | | | | | **Date of Anniversary** | | | | **D.O.B** | | **PPT. No.** | | | **D.O.I** | | | | | | **P.O.I** | | | **D.O.E** | | **ECNR** |
| Wife | |  | | | | | |  | | | |  | |  | | |  | | | | | |  | | |  | |  |
| Child (M) | |  | | | | | |  | | | |  | |  | | |  | | | | | |  | | |  | |  |
| Child (M/F) | |  | | | | | |  | | | |  | |  | | |  | | | | | |  | | |  | |  |
| Child (M/F) | |  | | | | | |  | | | |  | |  | | |  | | | | | |  | | |  | |  |

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| **C. PERSONAL MEDICAL HISTORY** | | | | | |
| (a).Have you ever signed off from a ship due to Medical reasons,(If Yes give details) | | | | |  |
| Name of the Vessel : | | | Date of Occurrence : | | |
|  | | |  | | |
|  | | |  | | |
| Brief description of Illness / Injury / Accident : | | | | | |
| (b). Did you suffer or are you Presently suffering from any disease likely to render you unfit for service at sea or likely to endanger the Health of others on board. | | | | |  |
| (c). Are you addicted to alcohol or drugs of any kind? | | | | |  |
| (d).Have you suffered from any of the following? | | | | | |
| Malaria | Diabetes | Epilepsy | | Nervous Disability | Hepatitis of any kind |
|  |  |  | |  |  |
| (e) Did You ever undergo psychiatric treatment? | | | | |  |

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| **02. TRAVEL DOCUMENTS & VISA** | | | | | | |
| **Passport No:** | **Date of Issue** | **Place of Issue** | **Date of Expiry** | **ECNR** | | **Blank Pages** |
|  |  |  |  |  | |  |
| **U.S.VISA** |  |  |  | **MUI** | **Membership No.** | **Date of Expiry** |
|  | |  |
| **Any Other VISA** | | | | | | |
| Schengen Visa |  |  |  |  | |  |
| Brazilian Work Permit |  |  |  |  | |  |
| Australian MCV |  |  |  |  | |  |
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| **03. ACADEMICS & PROFESSIONAL QUALIFICATIONS** | | | | | | |
| **A. EDUCATIONAL BACKGROUND.** | | | | | | |
| **School / College** | **From** | | **To** | | **Qualification / Grade obtained** | |
|  |  | |  | |  | |
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|  |  | |  | |  | |
| **B. PRE SEA TRAINING / APPRENTICE SHIP.** | | | | | | |
| **Name of Institute / College** | **From** | **To** | | **Grade / Marks** | | **Type of Degree** |
|  |  |  | |  | |  |

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| **04. CERTIFICATIONS & COURSES** | | | | | |
| **A. CONTINUOUS DISCHARGE CERTIFICATE DETAILS (SEAMAN BOOK / CDC).** | | | | | |
| **Seaman’s Book** | **Number** | **Date of Issue** | **Date of Expiry** | **Place of Issue** | |
| Indian |  |  |  |  | |
| Panama |  |  |  |  | |
| Malta |  |  |  |  | |
| Others |  |  |  |  | |
| **B. INDOS DETAILS FOR INDIAN NATIONAL ONLY** | | | | | |
|  | **Number** | **Place of Issue** | **Date of Issue** | | |
| **Indian National Database INDOS** |  |  |  | | |
| **Seaman Identification Number SID** |  |  |  | | |
| **C. CERTIFICATE OF COMPETENCY (COC). (Master’s / CO / 2nd Off / 3rd Off / Ch Eng / 2nd Eng / 3rd Eng / 4th Eng / El. Tech. Off)** | | | | | |
| **License** | **Grade** | **Number** | **Date of Issue** | **Date of Expiry** | **Place of Issue** |
| Indian |  |  |  |  |  |
| U.K. |  |  |  |  |  |
| Panamanian |  |  |  |  |  |
| Indonesian |  |  |  |  |  |
| **D. DETAILS OF STCW 2010 COURSES & CERTIFICATES.** | | | | | |
| **Course Type** | | **Number** | **Date of Issue** | **Date of Expiry** | **Issued By** |
| Basic Safety Training (BST) | |  |  |  |  |
| Fire Prevention and Fire Fighting (FPFF) | |  |  |  |  |
| Personal Survival Technique (PST) | |  |  |  |  |
| Medical First Aid (MFA) | |  |  |  |  |
| Personal Survival & Social Responsibility (PSSR) | |  |  |  |  |
| Security Training for Seafarers with Designated Duties (STSDSD) | |  |  |  |  |
| Advanced Fire Fighting (AFF) | |  |  |  |  |
| Proficiency in Survival Craft / Rescue Boat (PSCRB) | |  |  |  |  |
| Medical First Aid / Medicare | |  |  |  |  |
| Ship Security Officer (SSO) | |  |  |  |  |
| PSCRB And PST Refresher | |  |  |  |  |
| AFF And FPFF Refresher | |  |  |  |  |
| GMDSS / MCC | |  |  |  |  |
| GMDSS Endorsement | |  |  |  |  |
| Oil Tanker Familiarisation (OTFC) | |  |  |  |  |
| Chemical Tanker Familiarisation (CTFC) | |  |  |  |  |
| Gas Familiarisation (GTFC) | |  |  |  |  |
| Petroleum Tanker Safety (STPOTO) | |  |  |  |  |
| Chemical Tanker Safety (CHEMCO) | |  |  |  |  |
| Gas Tanker Safety (GASCO) | |  |  |  |  |
| Generic Ecdis 1.27 Module | |  |  |  |  |
| Ship Specific Ecdis (Transas / Kelvin Hughes) | |  |  |  |  |
| Ship Handling Simulator | |  |  |  |  |
| Engine Room Simulator | |  |  |  |  |
| Maritime Resource Management (MRM) | |  |  |  |  |
| Human Element Leadership and Management (HELM) O/M | |  |  |  |  |
| Bridge Team Management 1.22 Module | |  |  |  |  |
| Bridge / Engine Resource Management | |  |  |  |  |
| ME-C Control System Standard Operation | |  |  |  |  |
| High Voltage Course | |  |  |  |  |
| Revalidation Course Deck Officer | |  |  |  |  |
| Revalidation Course Engineer Officer | |  |  |  |  |
| Safety officer course | |  |  |  |  |
| Risk Assessment and Management | |  |  |  |  |
| Incident and Accident Investigation | |  |  |  |  |
| Electrical Rating Certificate – ETR- III/7 | |  |  |  |  |
| GP Rating Deck/Engine/Catering course | |  |  |  |  |
| Watchkeeping Deck / Engine II/4 of III/4 | |  |  |  |  |
| COP Deck / Engine II/5 or III/5 | |  |  |  |  |
| Cookery Certificate | |  |  |  |  |
| Cook Certificate as per MLC 2006 | |  |  |  |  |
| Basic Food Hygiene and Sanitation Certificate | |  |  |  |  |
| 6 G – Welding Certificate | |  |  |  |  |
| Pump man Course | |  |  |  |  |
| Yellow Fever | |  |  |  |  |
| Azimuth Training | |  |  |  |  |
| Others | |  |  |  |  |
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| **E. DANGEROUS CARGO ENDORSEMENTS** | | | | | |
| **Types** | **Grade / Level I / II** | **Number** | **Date of Issue** | **Date of Expiry** | **Place of Issue** |
| Oil |  |  |  |  |  |
| Chemical |  |  |  |  |  |
| Liquified Gas |  |  |  |  |  |
| **F. FLAG STATE ENDORSEMENTS** | | | | | |
| **Grade** | **Equivalent Licence** | **Number** | **Date of Issue** | **Date of Expiry** | **Place of Issue** |
| For National COC | COE for COC |  |  |  |  |
| For National GMDSS | COE for GMDSS |  |  |  |  |
| For National Oil/Chemical Course | COE for Oil/Cem |  |  |  |  |
| For National Ship Security Officer | COE for SSO |  |  |  |  |
| For National STSDSD Course | COE for STSDSD |  |  |  |  |
| For Rating Pre document Evaluation | PDE |  |  |  |  |
| For Rating Deck/Engine Watch Keeping | COE for W/Keeping |  |  |  |  |
| For Rating National Oil Course | COE for Oil |  |  |  |  |

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| **4. PREVIOUS SEA SERVICE** | | | | | | | | | | | | | |
| **( Date commencing from last vessel )** | | | | | | | | | | | | | |
| **Sr. No.** | **Name of Owners / Manager** | **Name of Vessel** | **Built Year** | **Type** | **DWT**  **Or**  **GRT** | **BHP** | **Engine Type** | **UMS**  **Y / N** | **Rank** | **From** | **To** | **Total**  **MM/DD** | **Reason for S/Off** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **5. MISCELLANEOUS** | | | |
| **A. DECK OFFICERS.** | | | |
| Bulk: Type of cargo carried |  | | |
| Product: Type of cargo carried |  | | |
| Chemical: Type of cargo carried |  | | |
| Tanker: Type of pumps |  | | |
| **B. ENGINEERS.** | | | |
| Automation. (Type) |  | | |
| Cranes. (Type) |  | | |
| Grabs. (Type) |  | | |
| **C. ELECTRICAL OFFICERS.** | | | |
| Automation. (Type) | |  | |
| NOR Control System. (Type) | |  | |
| Cranes Hydraulics, Electro Hydraulics. (Type) | |  | |
| PLC. (Type) | |  | |
| **D. GENERAL TRADING AREA OF VESSELS** | | | |
|  | | | |
| **E. OIL MAJOR / VETTING INSPECTIONS.** | | | |
| Chemical Distribution Industry Inspection (CDI) Yes / No | |  |  |
| Oil Major / Vetting Inspections. (Please Specify) | |  | |
| Port State Control. (Please Specify) | |  | |
| USCG / TVEL | |  | |
| Others (Please Specify) | |  | |
| **F. DRY DOCKING EXPERIENCE / NEW YARD DELIVERY TAKE OVER EXPERIENCE** | | | |
| **Name of Dry Dock / Yard – Country** | | **Year of Dry Dock / Yard Delivery / Sea Trials is attended any** | |
|  | |  | |
|  | |  | |

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| **6. REFERENCES – PREVIOUS EMPLOYER** | | |
| Name of company |  |  |
| Reference Person |  |  |
| Address : |  |  |
|  |  |
|  No. |  |  |
| No. |  |  |

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| **7. SELF DECLARATION** | | |  |
| I hereby affirm that all the information provided by me in this application is true and correct to the best of my knowledge and belief; further, that no Certificate of competency or License issued to me has ever been Revoked or Suspended. I also certify that my medical history contained above is True and any false statement or undisclosed material information about past illness, accident or injury will disqualify me from any employment benefits and claim. I also hereby affirm that I have never been involved in any Maritime case or court of enquiry of any country or maritime administration during my sea career.    **Date\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank\_**     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Seaman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |  |
|  | **Last Wages Drawn :\_**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Expected Salary : \_**     **\_\_\_\_\_\_\_\_\_\_\_\_** | |