Insert Photo Here

**PERSONAL DESCRIPTION AND INFORMATION**

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| **Rank Applied For:**  |  | **Date of Availability:** |

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| **NAME (As per Passport)** |
| **First** |  | **Middle** |  | **Last** |  |
| **Birth Date** |  | **Place of Birth**  |  | **Nationality** |  |

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| **Passport No.**  |  | **Place of Issue** |  | **Date of Issue** |  | **Date of Expiry** |  |
| **Visa Type** |  | **Place of Issue** |  | **Date of Issue** |  | **Date of Expiry** |  |
| **U.S. Visa Type** |  | **Place of Issue** |  | **Date of Issue** |  | **Date of Expiry** |  |

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| **Permanent Address &** **Contact Details** |  |
|  |
| **STD Code** |  | **Res** |  | **Mobile:** |  | **Email:** |  |

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| **Correspondence Address****& Contact Details** |  |
|  |
| **STD Code** |  | **Res** |  | **Mobile:** |  | **Email:** |  |

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| **Marital Status** |  | **No. of Children** |  | **Nearest Airport** |  |

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| **Next of Kin [Name,** **Address & Contact** | **Name** |  | **Relationship** |  |
|  |
| **STD Code** |  | **Res** |  | **Mobile:** |  | **Email:** |  |

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| **Name of Wife & Children** | **Relation** | **Date of Birth** | **Place of Birth** | **Passport No.** | **Date of Issue** | **Date of Expiry** | **Place of issue** | **ECNR** |
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| **Certificate of Competency / COP / Watch-keeping** | **Number** | **Date of Issue** | **Date of Expiry** | **Place / Country of Issue** |
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| **Revalidation Details** |  |  |  |  |

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| **Seaman Book (CDC)** | **Number** | **Date of Issue** | **Date of Expiry** | **Place of Issue** |
| **Indian** |  |  |  |  |
| **Panama** |  |  |  |  |
| **Liberia / Palau**  |  |  |  |  |

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| INDOS Number |  | Height |  | Weight |  | BMI |  |

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| **COURSES AND CERTIFICATION** |
| **Name and Description** | **Number** | **Date of Issue** | **Date of Expiry** | **MTI & Place of Issue** |
| Basic Safety Training (if one certificate) |  |  |  |  |
| Elementary First Aid/Medical First Aid/MEDICARE (refresher) |  |  |  |  |
| Personal Survival Techniques |  |  |  |  |
| Proficiency in Survival Craft & Rescue Boat (refresher) |  |  |  |  |
| Personal Safety & Social Responsibility(2010) |  |  |  |  |
| FPFF/AFF (refresher) |  |  |  |  |
| Security Training for Seafarers (STSDS)/ISPS |  |  |  |  |
| Ship Security Officer |  |  |  |  |
| Ship Security Officer (refresher) |  |  |  |  |
| Bridge Team Management |  |  |  |  |
| Bridge Resource Management |  |  |  |  |
| Engine Resource Management |  |  |  |  |
| Vessel Resource Management |  |  |  |  |
| Crew Resource Management |  |  |  |  |
| ROC |  |  |  |  |
| ARPA/RANSCO/NARAS |  |  |  |  |
| GOC |  |  |  |  |
| GMDSS Endorsement |  |  |  |  |
| GTFC / GASCO |  |  |  |  |
| Gas DCE |  |  |  |  |
| CTFC / CHEMCO |  |  |  |  |
| Chemical DCE |  |  |  |  |
| OTFC/TASCO  |  |  |  |  |
| Oil DCE |  |  |  |  |
| ECDIS |  |  |  |  |
| Ship Handling Simulator |  |  |  |  |
| Engine Room Simulator |  |  |  |  |
| COW/IGS |  |  |  |  |
| Yellow Fever Vaccination |  |  |  |  |
| Human Relations |  |  |  |  |
| Quality & safety Management |  |  |  |  |
| Risk Assessment / Risk Management |  |  |  |  |
| Marine Accident / Incident Investigation |  |  |  |  |
| Management of Change |  |  |  |  |
| Environmental Course / ISO 14001 |  |  |  |  |
| MLC |  |  |  |  |
| Maritime Leadership Course |  |  |  |  |
| MARPOL I |  |  |  |  |
| MARPOL II |  |  |  |  |
| MARPOL VI |  |  |  |  |
| Maritime English |  |  |  |  |
| Crisis Management |  |  |  |  |
| Management of Major Emergencies |  |  |  |  |

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| **COURSES AND CERTIFICATION** |
| **Name and Description** | **Number** | **Date of Issue** | **Date of Expiry** | **MTI & Place of Issue** |
| IMDG |  |  |  |  |
| Ship Safety Officer |  |  |  |  |
| Train the Trainer |  |  |  |  |
| Behaviour Based Awareness / Safety |  |  |  |  |
| Safety Awareness / Accident Prevention |  |  |  |  |
| Abrasive Wheel Regulations  |  |  |  |  |
| Any Other Training: |  |  |  |  |
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| **PREVIOUS SEA EXPERIENCE [Start with your latest vessel first]** |
| **VESSEL** | **TYPE** | **FLAG** | **RANK** | **DWT** | **BHP** | **ENGINE** | **FROM****dd-mmm-yyyy** | **TO****dd-mmm-yyyy** | **Total** | **Manning Agents/Owners** | **Reason for Sign off** |
| **Months** | **Days** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ACTUAL TIME SERVED IN MONTHS (for officers only)** |
| **Rank** | **GAS** | **OIL TANKER** | **RoRo / Cont.** | **Bulk Carrier / Gen Cargo** | **OTHERS** |
| Master / Ch. Eng | **LNG** | **LPG** | **CRUDE** | **PRODUCT** | **CHEM** |
| Ch. Off / 2nd Eng | mm | dd | mm | dd | mm | dd | mm | dd | mm | dd | mm | dd | mm | dd | mm | dd |
| 1st Off / Gas Eng |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2nd Off / 3rd Eng |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3rd Off / 4th Eng |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| R. Off / El. Off |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cadet / Jr. Eng |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **EDUCATIONAL BACKGROUND INCLUDINGPRE-SEA TRAINING**  |
| **Name of School / College Attended / Institute (Pre-Sea Training)** | **City / Country** | **From** | **To** | **Qualification Achieved** |
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| **REFERENCES:** |
|  | **Company Name** | **Address** |
| **A** |  |  |
| **B** |  |  |
|  | **Person In charge** | **Title** | **Tel. No.** |
| **A** |  |  |  |
| **B** |  |  |  |

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| 1) Are you involved in any marine accident / Investigations? [ ] Yes [ ]  No (if YES please give details) |
|  |
| 2) Are you currently under medical treatment or taking medication for existing conditions? [ ] Yes [ ]  No (if YES please give details) |
|  |
| 3) Did you suffer or do you presently suffer from any diseases likely to render you unfit for sea service or likely to endanger the health of other persons onboard? [ ] Yes [ ]  No (if YES please give details) |
|  |
| 4) Did you undergo Psychiatric treatment? [ ] Yes [ ]  No (if YES please give details as when you had undergone) |
|  |
| 5) Are you addicted to Alcohol or Drugs of any kind? [ ] Yes [ ]  No (if YES please give details) |

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| **BANK DETAILS:** |
| Name of Bank |  | Full Bank Address |  |
|  |
| Name of A/c Holder |  | Branch Code |  |
| Account No. |  | Swift Code |  |

Declaration to be made and signed by Applicant:

I hereby certify and confirm that the information’s contained above is true and factual, relevant documents wherever applicable will be shown on request. I have not withheld any information that would make my application unfavourble.

I understand that a strict medical examination including Drug & Alcohol test as per company requirements is a condition of my employment and I express my willingness to be examined. I undertake to provide the Company’s medical officer full details of my previous medical history. I agree that the decision of the Company’s medical officer is final.

I confirm that all my travel documents are valid and in order. I understand that if my travel documents at any time during the course of my employment become invalid or restricted and cannot be revalidated by me under normal process, making further travel or service by me is not possible, the contract of employment stands subject to cancellation and all costs of repatriation will be borne by me. I am / am not presently committed to any other company.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: Signature of Applicant**

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| **FOR OFFICE USE ONLY** |

**VERIFICATION OF DOCUMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Original COC / Passport / CDC | [ ]  Yes | [ ]  No | Signature of Office Staff |  |
| STCW Courses and Training Certificates | [ ]  Yes | [ ]  No | Signature of Office Staff |  |

**Signature of Manager [F.P.] Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**