



Application No.....

## APPLICATION FORM FOR SEA FARERES

(Please use CAPITAL letters to complete the application)

### 1. Personal Data As Per The Passport

Surname
Other Names

PHOTO
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Nationality			
Gender Male/female	Martial Status	(If married ) Date of Marriage ( DD/MM/YY)	Religion

Rank applied for	Willing to accept lower rank? Yes / No	Available from (DD/MM/YY)
	Expected wages : US \$	

Permanant Address			
City		Zip code	
Country		Home Tel	
Mobile No		Email	
Whatsapp No		Skype ID	

Overall size	safety shoe size	Height (cm)	Weight(kg)	Chest (cm)	Waist (cm)

### 2. Personal ID / Document / Visa

Type of Document	Country of Issue	Number	Date of Issue(DD/MM/YY)	Valid Untill (DD/MM/YY)
Seaman's book (National)				
Passport				
Yellow Fever				
National ID				
Other Visas				

Make of Covid-19 Vaccine	Country of Issue	Date of 1st Dose	Date of 02nd Dose	Date of Booster

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## 2. Nominee / Next of kin and family details

Full name of nominee for compensation (in case)	Relationship	Male	Nationality & NIC No
		Female	
Address			
City		Country	
Email		Tp :	Mobile :

## 3. Family data

Relationship	First name	Date of birth	Passport no/NIC	Issued place	Date of Issue	Date of Expiry
Father						
Mother						
spouse						
Child						
Child						
Child						

\*Strike out inapplicable item.

## 4. STCW -1978(ammended 1995)Compliant Certificates/Courses and other Qualifications.

### 4.1 . Pre - Sea training.

Certificate no	Qualification	Training Institute	From	To

### 4.2 Certificate of competency and Rating watch keeping certificates.

Qualifications	Type/Grade/Class of licence country of issue	Number	Issued Date	Expiry date	Authority issued
Regulation II/1-4, III/1 -4/111/5	Certificate of competency				
	Watch keeping certificate				
	Proficiency certificate				
Regulation V/1	Endorsement - oil				
	Endorsement - chemical				
	Endorsement - Gas				
	Endorsement - other				
	Special Tanker safety (oil)				
	Special Tanker safety (Chemical)				
	Special Tanker safety (gas)				
	Special Tanker safety (other)				

\*Enter as per given competency certificate / watch keeping certificate held by you

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4.3 Other Compliant Certificates

Description of certificates/course		Number	Country of issue	Date of issue	Date of expiry	Issuing authority
Reg 1	Personal training record -Reg 1/14					
	Media Fitness cert.Reg 1/9					
Reg VI/1	Personal survival techniques					
	Elementry First aid					
	Fire prevention & fire fighting					
	Personal safety & social Responsibility					
Reg VI/2	Proficiency in survival craft & rescue boat					
	Fast Rescue boats					
	Advance fire fighting					
	Medical first aid					
	Medical care(Master/ch.off)					

4.4 Other Mandatory /Recommended certificates/courses -(As applicable)

Description of certificate Course	Number	Country of issue	Date of issue	Date of expiry	Issue authority
GMDSS					
ECDIS(Module)					
ARRA(Reg 11/1 + Solas)					
Radar simulator					
Bridge team management					
Ship security officer					
Ship security awareness					
Designated security duties					
Tanker familiarization					
Maritime english					
Other					

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5.Sea Experience (Most Recent Experience )

company name	Vessel name	Flag	Imo No	Vessel Type	TEU	GRT	DWT	Main engine type	BHP/KW	UMS Y/N	Rank	Date from dd/mm/yy	Date to dd/mm/yy	Total Service Y/M/D	Reason for signing off

cc - Completed contract , Vs- Vessel sold ,MG - Medical Grounds , any other reasons (please specify ) Vessel Types

- |                               |                      |                            |                          |
|-------------------------------|----------------------|----------------------------|--------------------------|
| BC-Bulk Carrier               | MLP - Multi purpose  | PAS - Passenger Ship       | TNB - Tanker(Bitumin)    |
| CON - Cellular container      | GCD - General Cargo  | RFG - Refer Vessel         | Liv - Live Stock Carrier |
| HLV - Heavy lift vessel       | R/R - Ro-Ro Vessel   | TNC - Tanker (crude)       | TNV - Tanker(vlcc/ulce)  |
| OSV - Off shore supply vessel | TNS - Tanker storage | TNP - Tanker(product)      | SUL - Self Unloader      |
| RIG - Off shore Oil rig       | LOG - Log Timber     | OBO - ore/Bulk/Oil carrier | LPG - LPG carrier        |
| FSH - Fishing vessel          | TUG                  | Other                      |                          |

Nationalities Sailed With  
eg:Chinese/Fillipino...etc

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Medical History :

All previous illness other than minor affliction should be stated below or updated.  
If not previously disclosed , the company is entitled to refuse any reimbursment of medical expences/costclaims for treatment or for any other insured benefits.

(i) Have you ever signed off a ship due to medical reasons      yes       No   
if yes, Please provide following details (if space is insufficient,attach additional sheets)

Name of vessel	Date of occurrence	Place of occurrence
Brief Description of illness/injury/accident		

(ii) Have you undergone any surgical operation in the past      yes       No   
If yes , please provide following details.

Details of operations	Date	Period of operations	Present condition

(iii) Any illness or accidents ,have you consulted a doctor during the last 12 months ?  
Please give details :-

(iv) Any other details of health or disability problem :-

**General :**

A : Have you ever been denied a foreign visa      yes       No

B : Have you ever been the subject of a court enquiry of Maritime  
accident      yes       No

Declaration to be signed by the applicant :

I hereby certify that the information contained in this for is correct and I am subject for dismissed at any time if any of above information is found to be false.I undstand that a medical examinationat my own cost will be conducted and same to be furnished to the company.

Date :..... Name:.....Signature :.....

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Office Use Only

Authenticity of COC and other relevant documents checked

yes

No

Reference Name :	Company /Dept :
Reference Title:	Telephone No:
Details :-	
Conducted By:(signature)	Date :
Name :	Title:
Interview Details:-	

Comments :