

Application No.....

### **APPLICATION FORM FOR SEA FARERES**

(Please use CAPITAL letters to complete the application)

1.Personal Data A	s Per Th	e Passport				
Surname						
						РНОТО
Other Names						
Nationality	1					
Gender		artial		married ) Date		Religion
Male/female	S	tatus	Marri	iage ( DD/MN	1/YY)	
Rank applied for	Willing	to accept lo	ower rank? Ye	s / No	Available from	m (DD/MM/YY)
	Expected	d wages : U	J <b>S</b> \$			
Permamanent A	ddress					
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 / Do	cument	/ Visa				
Type of Document	Countr	y of Issue	Number		te of	Valid Untill

Document	Country of Issue	Number	Issue(DD/MM/YY)	(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)		Relation	ship	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	То

4.2 Certificate of competency and Rating watch keeping certificates.

Qualifi	cations	Type/Grade/Class of licence country of issue	Number	Issued Date	Expiry date	Authority issued
[/1- [/5	Certificate of competency					
Regulation II/1 4,III/1-4/111/5	Watch keeping certificate					
Regu 4,III/	Proficiency certificate					
	Endorseme	ent - oil				
	Endorseme	ent - chemical				
/1	Endorseme	ent - Gas				
V no	Endorseme	ent - other				
latic	Special Tai	nker safety (oil)				
egu	Special Tai	nker safety (Chemical)				
R	Special Tar	nker safety (gas)				
	Special Tai	nker safety (other)				
Š	Special Tar Special Tar	nker safety (Chemical) nker safety (gas)				

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

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# 4.3 Other Compliant Certificates

	escription of ficates/course	Number	Country of issue	Date of issue	Date of expiry	Issuing authority
	Personal training record -Reg 1/14					
Reg 1	Media Fitness cert.Reg 1/9					
	Personal survival techniques					
/1/1	Elementry First aid					
Reg V1/1	Fire prevention & fire fighting					
	Personal safety & social Resposibility					
	Proficiency in survival craft & rescue boat					
7	Fast Rescue boats					
Reg V1/2	Advance fire fighting					
	Medical first aid					
	Medical care(Master/ch.off)					

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

Description of certificate Course	Nur	nber	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/K W	UMS Y/N	Rank	Date from dd/mm/yy	Date to dd/mm/yy	Total Service Y/M/D	Reason for signing off

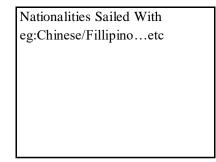
<u>cc</u> - Completed contract , <u>Vs-</u> Vessel sold ,<u>MG</u> - Medical Grounds , any other reasons (please specify ) <u>Vessel</u>

<u>Types</u> BC-Bulk Carrier CON - Cellular container HLV - Heavy lift vessel OSV - Off shore supply vessel RIG - Off shore Oil rig

RIG - Off shore Oil rigLOGFSH - Fishing vesselTUG

MLP - Multi purposePAS - Passenger ShipGCD - General CargoRFG - Refer VesselR/R - Ro-Ro VesselTNC - Tanker (crude)TNS - Tanker storageTNP - Tanker(product)LOG - Log TimberOBO - ore/Bulk/Oil carrierTUGOther

TNB - Tanker(Bitumin) Liv - Live Stock Carrier TNV - Tanker(vlcc/ulce) SUL - Self Unloader r LPG - LPG carrier



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No

No

yes

yes

## 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

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/accid	Brief Description of illness/injury/accident							

(ii) Have you undergone any surgical operation in the past 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 end	quiry of Mari	itime
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 undestand that a medical examinationat my own cost will be conducted and same to be furnished to the company.

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

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# Office Use Only

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

Comments :

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