



M.A. SHIP MANAGEMENT PVT.LTD.

AN ISO 9001:2015 REGISTERED COMPANY

RPSL-MUM-455

Office No, 09 Gr. floor, Mona shopping Centre, J.P. Road,
Near Navrang Cinema, Andheri (West), Mumbai – 400 058.Tel: (+91-22-62231737)

Email: mashipmanagement@gmail.com

APPLICATION FORM.

APPLICATION DATE: _____

POSITION: _____

ID NO (FOR OFFICE USE ONLY): _____

POSITION APPLIED FOR: _____ **AVAILABILITY DATE:** _____

PERSONAL DETAILS:

| | | | |
|------------------------|-----------|--------------|---------------|
| Name as in Passport | (Surname) | (First Name) | (Middle Name) |
| Date/Place of Birth | | | Nationality: |
| Permanent address | | | Tel No.: |
| | | | Mobile No: |
| | | | Email Id: |
| Present address if any | | | |
| | | | Mobile No.: |

EDUCATION BACKGROUND:

| Qualification | School/College | From | To | Percentage/grade |
|---------------|----------------|------|----|------------------|
| | | | | |
| | | | | |

TECHNICAL BACKGROUND:

| Degree/Diploma | Institute/College | From | To | Percentage/grade |
|-------------------------------------|-------------------|------|----|------------------|
| | | | | |
| Pre Sea training Apprentice ship | | | | |

IDENTITY DOCUMENTS:

| Document | Country | Number | Issue Date | Expiry Date | Place of issue |
|-------------|---------|--------|------------|-------------|----------------|
| Passport | Indian | | | | |
| Seaman book | Indian | | | | |
| | Other | | | | |
| INDOS NO. | Indian | | | | |

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APPLICATION FOR EMPLOYMENT

| | | | | |
|-------------------------------|--------|--|-------------|--------------|
| Do you hold a US Visa 'C1/D'? | Yes/No | | Issue Date: | Expiry Date: |
| Do you hold a Schengen Visa | Yes/No | | Issue Date: | Expiry Date: |
| Union Membership (MUI/NUSI): | | | | |

FAMILY DETAILS (IF UNMARRIED KINDLY GIVE DETAILS OF FATHER/MOTHER):

| Name | Relation | D.O.B | PPT No. | Place of issue | Issue of Date | Expiry | ECNR |
|------|----------|-------|---------|----------------|---------------|--------|------|
| | | | | | | | |
| | | | | | | | |

NEXT OF KIN DETAILS:

| | | |
|-------------------------|--|---------------|
| Full Name of kin: | | Relationship: |
| Address of next of kin: | | Tel No.: |
| | | Mobile.: |
| | | Email id: |

CERTIFICATES (HIGHEST CERTIFICATES FOR COMPETENCY HELD):

| Grade/Class of COC | Issuing country | Date of passing exam | Certificate no. | Issue date | Placed issued | Expiry date |
|--------------------|-----------------|----------------------|-----------------|------------|---------------|-------------|
| | | | | | | |
| | | | | | | |

DETAILS OF COURSES & CERTIFICATES FOR OFFICERS:

| Courses | Certificate no. | Issued by | Issue Date | Expiry date |
|---|-----------------|-----------|------------|-------------|
| Advanced Fire Fighting (AFF) | | | | |
| Medical First Aid (MFA)/Medicare | | | | |
| Proficiency in Survival Craft & Rescue Boat (PSCRB) | | | | |
| Personal survival Craft & Rescue Boat (PSCRB) | | | | |
| Personal survival & social Responsibility (PSSR) | | | | |
| SSO (Ship Security Officers Course) | | | | |
| ECDIS | | | | |
| BTM(Renewed every 5 years) | | | | |
| ARPA(Automatic Radar plotting Aid) | | | | |
| GMDSS | | | | |
| Rader Observer/RANSCO Simulator | | | | |
| GMDSS Endorsement | | | | |
| Oil Tanker Familiarization (OTFC)/TASCO | | | | |
| DCE Oil-support/Operation/Management | | | | |
| Chemical Tanker Familiarization(CTFC)/CHEMCO | | | | |
| DCE Chemical-Support/Operation/Management | | | | |
| Specialized Training Programme On oil Tanker Operations(STPOTO) | | | | |

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| | | | | |
|---|--|--|--|--|
| Specialized Training Programme On oil Tanker Operations(STPOTO) | | | | |
| Framo Course | | | | |
| Revalidation Course For Deck/Engine Officers | | | | |
| Refresher & UP Gradation Course for Deck/Engine Officers | | | | |

DETAILS OF COURSE & CERTIFICATES FOR SEAFARERS:

| Courses | Certificate no. | Issued by | Issued Date | Expiry Date |
|--|-----------------|-----------|-------------|-------------|
| Fire Prevention & Fire Fighting(FPFF) | | | | |
| Elementary First Aid (EFA) | | | | |
| Personal Survival Technique(PST) | | | | |
| Personal Survival & Social Responsibility(PSSR) | | | | |
| Security Training for seafarers with designated security duties (STSDSD) | | | | |
| Oil tanker Familiarization(CTFC) | | | | |
| DCE oil-support | | | | |
| Chemical Tanker-familiarization (CTFC) | | | | |
| DCE chemical-support | | | | |
| AB/MM Course | | | | |
| Watch keeping Certificate Ratings Deck/Engine) | | | | |
| Pump Man Course | | | | |
| Cookery Course certificate | | | | |
| Fitter Course/Class Certif. | | | | |

OTHERS:

| | | | | |
|---|--|--|--|--|
| ISPS Course | | | | |
| Ship Safety Officers Course/Risk Assessment | | | | |
| Ship Maneuvering simulator | | | | |
| BRM/MRM/BERM(Renewed every 5 years) | | | | |
| Electrical/electronics for Marine Engineers-Basic/Advance | | | | |

FOR ENGINEERS (PLEASE PROVIDE DETAILS):

| Generators | Boilers | Cranes | Framo(no. OF Vessels) |
|------------|---------|--------|-----------------------|
| | | | |
| | | | |
| | | | |

TOTAL SALING EXPERIENCE:

| Crude Tankers | Product Tankers | Chemical | Oil/chemical | others |
|---------------|-----------------|----------|--------------|--------|
| | | | | |

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MEDICAL HISTORY (IF THE ANSWER IS YES TO ANY OF THE BELOW, PLEASE GIVE FULL DETAILS AND ATTACH A SEPARATE PAGE IF NECESSARY):

| | | |
|---|--------|--|
| Have you ever signed off a ship due to medical reasons? | Yes/No | |
| Have You Undergone any Surgery/Accident? | Yes/No | |
| Do you have any Health disability problems now? | Yes/No | |

GENERAL:

| | | |
|--|--------|--|
| Have You ever been the subject of a court of enquiry or involved in a Maritime accident? | Yes/No | |
| Have You ever had a professional license suspended or revoked? | Yes/No | |
| Dou You have any pending criminal inquiry | Yes/No | |

BANK ACCOUNT DERAELS:

| | |
|----------------------------|------------------|
| Account Holder's Name: | |
| Name of Bank & Account no: | Branch &Address: |

BOILER SUIT SIZE: _____

SAFETY SHOE SIZE: _____

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DECLARATION:

I hereby affirm that all the information provided by me in this application is true and correct.

Applicant's signature

Date: _____

FOR OFFICE USE ONLY:

Checked on _____ with
Mr./MS _____
rep.of _____ (Last employer)&
received
Satisfactory/unsatisfactory report regarding his
professional experience & attitude.

By _____

Interviewed on _____ found
satisfactory/unsatisfactory.

By _____

