|  |  |
| --- | --- |
| **LAST SALARY DRAWN** |  |
| Personal Data (**NAME** should be strictly as Passport) |
| First Name |  | Middle Name |  | Surname |  |
| Nationality |  | Place of Birth |  | Date of Birth(DD/MM/YY) |  |
| Post applied for |  | Accept to sail in lower rank? | Yes |  | Available From |  |
| No |  |
| **Permanent Address** | **Present Address** | AFFIX RECENTPASSPORT SIZEPHOTO HERE |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Postal Code |  | City |  | Postal Code |  | City |  |
| State |  | Country |  | State |  | Country |  |
| **Contact Details** | Code |  | Tel no. |  | **Contact Details** | Code |  | Tel no. |  |
| Mob No. |  | Mob No. |  | Mob No. |  | Mob No. |  |
| E-mail  | Nearest Airport :  |
| **Travel Documents** |
| **Passport No.** | **Date of Issue** | **Date of Expiry** | **Place of Issue** | **ECNR (Y/N/NA)** | **Min.4 blank pages (Y/N)** |
|  |  |  |  |  |  |
| **US Visa No. (C1D)** | **Date of Issue** | **Date of Expiry** | **Place of Issue** | **UID Number** | **PAN Number** |
|  |  |  |  |  |  |
| **CDC Details** | **CDC No.** | **Date of Issue** | **Date of Expiry** | **Issued by (Country)** | **Place of Issue** |
| Indian |  |  |  |  |  |
| Panama |  |  |  |  |  |
| Others |  |  |  |  |  |
| **License** | **Grade** | **Number** | **Date of Issue** | **Date of Expiry** | **Place of Issue** |
| Indian |  |  |  |  |  |
| Panama |  |  |  |  |  |
| Others |  |  |  |  |  |
| **GMDSS** | **License No.** | **Date of Issue** | **Date of Expiry** | **Issued by (Country)** | **Place of Issue** |
|  |  |  |  |  |
| **Endorsements** |
| **Vessel Type** | **Flag** | **Level (Y/N)** **SUP OPS MGT** | **Number** | **Date of Issue** | **Date of Expiry** | **Place of Issue** |
|  |  |  |  |  |  |  |  |  |
|  **DCE (Chemical)** |  |  |  |  |  |  |  |  |
|  **DCE (Gas)** |  |  |  |  |  |  |  |  |
|  **DCE (Endorse)** |  |  |  |  |  |  |  |  |
| **Family** | **Name** | **Date of Birth** | **PPT.No** | **Date of Issue** | **Date of Expiry** | **Place of Issue**  |
| **Wife** |  |  |  |  |  |  |
| **Child** |  |  |  |  |  |  |
| **Child** |  |  |  |  |  |  |
| **Physical details** |
| **Height** |  |  **cms** |  **Weight** |  |  **Kgs** |  **Boiler Suit Size (S, M, L , XL, XXL)** |  |  **Shoe Size (6,7,8,9,10,11)** |  |
| **Eye Color** |  |  **Hair Color** |  | **Distinguishing Mark** |  |

|  |  |  |
| --- | --- | --- |
| Civil Status: (Please mention “Yes” where appropriate) |  | Wedding Anniversary Date (if applicable):  |
| Single |  | Married |  | Separated |  | Divorced |  | Widowed |  |
| **Next of Kin details** |
| **First Name** |  | **Middle Name** |  | **Surname** |  |
| Sex (M/F) |  | Relationship |  | **DOB** |  |
| Postal Address : |
|  | Postal Code |  | City |  |
|  | State |  | Tel No. |  |
|  | **Contact Details** | Code |  | Tel No. |  |
|  | **Mob No.** |  | E-mail:  |  |
| **Academic Qualification (Highest qualification attained to be mentioned)** |
| **Name of The Institution** | **Qualification** | **From** | **To** | **Percentage / Grade** |
|  |  |  |  |  |
| **Country** |  | **State** |  | **City** |  | **Postal Code** |  |
| S.S.L.C (10th ) Marks% |  | H.S.C. (12th) Marks % H.S.C, (PCM)% |  |
| **Pre-Sea course details** |
| **Name of the Institution** | **Type of Degree** | **From**  | **To** |
|  |  |  |  |
| **Country** |  | **State** |  | **City** |  | **Postal Code** |  |
| **Details of Courses & Certificates** | **Number** | **Date of Issue** | **Date of Expiry** | **Place of Issue** |
| **Basic STCW Courses** |
| **Fire Prevention and Fire****Fighting / Advanced Fire Fighting** | **FPFF/AFF** |  |  |  |  |
| **Basic Safety Training** | **BST** | ` |  |  |  |
| **Elementary First Aid /** **Medical First Aid** | **EFA/MFA** |  |  |  |  |
| **Medicare** |  |  |  |  |  |
| **Personal Survival Techniques** | **PST** |  |  |  |  |
| **Proficiency in Survival Craft & Rescue Boat** | **PSCRB** |  |  |  |  |
| **Proficiency in Survival & Social Responsibility** | **PSSR** |  |  |  |  |
| **Others** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Other STCW Courses** |
| **Bridge Resource Management** | **BRM** |  |  |  |  |
| **Automatic Radar Plotting Aid** | **ARPA** |  |  |  |  |
| **Generic ECDIS – Days DG Approved** |  |  |  |  |  |
| **ECDIS (JRC/Furno/ Transas)** |  |  |  |  |  |
| **Any other ECDIS** |  |  |  |  |  |
| **Ship Handling Simiulator** |  |  |  |  |  |
| **Engine Room Simulator** | **M** |  |  |  |  |  |  |
| **O** |  |
| **Security Training for Seafarers/****Ship Security Officer** | **STSDSD /****SSO** |  |  |  |  |
| **Others** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vessel Type Courses** |  | **Number** | **Date of Issue** | **Date of Expiry** | **Place of Issue** |
| **Oil Tanker Familiarization** | **OTFC** |  |  |  |  |
| **Special Training on Oil Tanker Operation** | **TASCO** |  |  |  |  |
| **Chemical Tanker Familiarization** | **CTFC** |  |  |  |  |
| **Specialized training on Chem Tanker Operation** | **CHEMCO** |  |  |  |  |
| **Liquid Cargo Handling Simulator** | **M** |  | **LCHS** |  |  |  |  |
| **O** |  | **(O)** |
| **FRAMCO** |  |  |  |  |  |
| **OTHERS** |  |  |  |  |  |
| **OTHERS** |  |  |  |  |  |
| **Other Courses** |
| **Documents** | **Cert. No.** | **Date of Issue** | **Date of Expiry** | **Place of Issue** |
| **Pumpman training** |  |  |  |  |
| **Cookery Course** |  |  |  |  |
| **OTHERS** |  |  |  |  |
| **Other Documents** |  |  |  |  |
| **Yellow Fever vaccination** |  |  |  |  |
| **INDOS Number** |  |  |  |  |
| **OTHERS** |  |  |  |  |
| **OTHERS** |  |  |  |  |
| **Please give two names and numbers of Master / Chief Engineer you have sailed with:** |
| **S/N** | **Name of the seafarer** | **Rank** | **Phone No.** | **E-mail ID** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **For Office Use Only** |
| **Medical History** |
| **(a) Have you ever signed off from a ship due to Medical reasons, (Please mark “Y” if applicable)** |  | **If, Yes, please give Details** |
| **Name of the vessel** | **Date of Incident** | **Brief Description (Injury / Illness / accident)** |
|  |  |  |
|  |  |  |
| **(b) Did you suffer or Are you Presently suffering from any Diseases likely to render you unfit for Service at Sea or** |
| **Likely to endanger the health of others on board. (please mark “Y’ if applicable)** |
| **(c) Are You Addicted to alcohol or drugs of any kind.** |
| **(d) Have you suffered from following (Please mark “Y” if applicable)** |
| **Malaria** |  | **Diabetes** |  | **Epilepsy** |  | **Nervous Disability** |  | **Did you undergo psychiatric treatment** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.NO** | **Name of the company** |  **Rank** | **Type** | **Cargoes Carried** | **GRT**  |  **Engine** | **From** | **Period in****MM/DD** | **Reason for S/OFF** |
| **Vessel Name** | **Flag** | **KW** | **Make** | **Model** | **To** |
| **1**  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |

**Phone number of last Employer (company)**

**Approved by**

**Name :**

**Date:**

**Sign**

**Senior office you have sailed with (Last vessel)**

**Name Comp/Vessel Rank Contact**

**Are you member of any union?**

**Name Member No. Validity**

I Warrant and represent that:

1. The foregoing details are true, accurate and complete. I hereby authorize company to authenticate my previous service records as deemed necessary.

2. There are no contractual or other restrictions (other than official visa / work Permit Approvals) or health conditions that may in any way Prevent or restrict me form being employed by you

 and fully performing my work.

 3. I hereby agree and give my consent to **HOLY ANGEL MARINE SERVICES PVT. LTD**. to collect personal information required and relevant to my application and employment, in accordance

 with the Personal Data Protection Act 2012 and all subsidiary legislation related thereto. In respect of disclosure, I fully understand that upon my employment, the company may disclose my

 personal information to government, judicial bodies, and third party service providers that process data on its behalf, where necessary.

4. I also certify that my medical history contained above is true and any false statement or undisclosed Material information about past illness or injury will disqualify me from any employment

Benefits and claims.

5. I hereby authorize company and give my consent to share my medical report details with the Master and any other persons as deemed necessary.

6. I apply for employment with you by own free will without any inducement or representative from you or your agents.

7. Further that no certificate of competency or license issued to me has ever been revoked or suspended.

**Date: Signature of Seaman :**

**Rank: Name of Seaman :**