**QF/AFORM/01**

**NAMS SHIP MANAGMENT PRIVATE LIMITED**

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| **APPLICATION FORM ( RPSL -MUM-268**, Validity up to  **)**  **​** **NAMS SHIP MANAGMENT PRIVATE LIMITED**  T-8,3RD Floor ,Haware Centurion Complex ,Plot No.88-91,Sector -19A,Nerul (E),Navi Mumbai-400706  EMAIL ID : [namsshipping@yahoo.co.in](mailto:crew@oathmarineservices.com) WEB: [www.namsshipmgtm.com](http://www.namsshipmgtm.com) | **Photo** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname :** | | | | | | **Middle Name :** | | | | | | | | **First Name :** | | |
| Nationality : | | | | | | Date of Birth : | | | | | | | | Place of Birth : | | |
| **Post Applied for :** | | | | | | Willing to Accept Lower Rank? Yes / No | | | | | | | | Available From : ( / / )  DD/MM/YY | | |
| **Permanent Address :** | | | | | | | | | | **Present Address :** | | | | | | |
|  | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | |  | | | | | | |
| PIN Code : | | | Nearest Airport: | | | | | | | PIN Code : | | | | | | |
| Tel No / Mobile No: | | | | | | | | | | Tel No / Mobile No: | | | | | | |
| Email ID : | | | | | | |
| **Passport No.** | **Date of Issue** | | | | **Place of Issue** | | | | **Date of Exp.** | | | | **ECNR** | | | **Blank Pages** |
|  |  | | | |  | | | |  | | | |  | | |  |
| US VISA |  | | | |  | | | |  | | | |  | | |  |
| **Seaman’s Book (CDC)** | | **Number** | | **Date of Issue** | | | | **Place of Issue** | | | | **Expiry Date** | | | **Remark** | |
| Indian | |  | |  | | | |  | | | |  | | |  | |
| Liberian | |  | |  | | | |  | | | |  | | |  | |
| Panamanian | |  | |  | | | |  | | | |  | | |  | |
| Norwegian | |  | |  | | | |  | | | |  | | |  | |
| INDOS | |  | |  | | | |  | | | |  | | |  | |
| Others | |  | |  | | | |  | | | |  | | |  | |
| **License** | | **Grade** | | **Number** | | | | **Date of Issue** | | | | **Pl. of Issue** | | | **Expiry Date** | |
| Indian COC | |  | |  | | | |  | | | |  | | |  | |
| Liberian | |  | |  | | | |  | | | |  | | |  | |
| Panamanian | |  | |  | | | |  | | | |  | | |  | |
| UK | |  | |  | | | |  | | | |  | | |  | |
| Singapore | |  | |  | | | |  | | | |  | | |  | |
| Others | |  | |  | | | |  | | | |  | | |  | |
| Civil Status : Single / Married / Separated/Divorced/Widowed | | | | | | | | | | |  | | | | | |
| Full Name of Next of Kin : | | | | | | | | | | | Relationship : | | | | | |
| Address of Next of Kin : |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Tel No. : | | | | | |

**PERSONAL DATA**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Family Data** | **Name** | **DOB** | | **PPT No.** | | **DOI** | | **Place of Issue** | | **DOE** | | **ECNR** |
| Wife |  |  | |  | |  | |  | |  | |  |
| Child M/F |  |  | |  | |  | |  | |  | |  |
| Child M/F |  |  | |  | |  | |  | |  | |  |
| **Details of Courses & Certificates** | | | **Number** | | **Dt. Of Issue** | | **Dt. Of Expiry** | | **Pl. of Issue** | | **Issued by** | |
| Advanced / Basic Fire Fighting | | |  | |  | |  | |  | |  | |
| AFF Up gradation | | |  | |  | |  | |  | |  | |
| Proficiency in Survival Craft / Rescue Boat / PST / PSC RB Up gradation | | |  | |  | |  | |  | |  | |
| Elementary / Medical First Aid / Medicare | | |  | |  | |  | |  | |  | |
| Personal Safety & Social Responsibility (PSSR) | | |  | |  | |  | |  | |  | |
| Radar Observer / ROP | | |  | |  | |  | |  | |  | |
| ARPA | | |  | |  | |  | |  | |  | |
| Radar Simulator (RANSCO) | | |  | |  | |  | |  | |  | |
| LCHS Management / Operational | | |  | |  | |  | |  | |  | |
| GMDSS | | |  | |  | |  | |  | |  | |
| Petroleum Tanker Safety | | |  | |  | |  | |  | |  | |
| Chemical / Gas Tanker Safety | | |  | |  | |  | |  | |  | |
| TASCO /GASCO Up gradation | | |  | |  | |  | |  | |  | |
| Petroleum Tanker Familiarization | | |  | |  | |  | |  | |  | |
| Chemical /Gas Tanker Fam. | | |  | |  | |  | |  | |  | |
| Ship Maneuvering Simulator | | |  | |  | |  | |  | |  | |
| ECDIS | | |  | |  | |  | |  | |  | |
| Bridge Team Management | | |  | |  | |  | |  | |  | |
| Bridge Resource Management | | |  | |  | |  | |  | |  | |
| Ship Security Officer Course | | |  | |  | |  | |  | |  | |
| Pract Mar Elect. Workshop | | |  | |  | |  | |  | |  | |
| NABCO | | |  | |  | |  | |  | |  | |
| Eng Room ResolutionMgt | | |  | |  | |  | |  | |  | |
| Engine Room Team Management | | |  | |  | |  | |  | |  | |
| Engine Room Simulator | | |  | |  | |  | |  | |  | |
| Revalidation Course | | |  | |  | |  | |  | |  | |
| Ref &Upd Training Course | | |  | |  | |  | |  | |  | |
| Ship Safety Officer Training Course | | |  | |  | |  | |  | |  | |
| Communication Risk & Human Resolution. Mgt | | |  | |  | |  | |  | |  | |
| STDSD | | |  | |  | |  | |  | |  | |
| SSO | | |  | |  | |  | |  | |  | |

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| **Dangerous Cargo Endorsements** | **Grade / Level**  **I / II / SUPPORT LEVEL** | | **Number** | | **Date of Issue** | **Place of Issue** | | **Date Of**  **Expiry** | |
|  | |  | |  | |  |  | |  | |
|  | |  | |  | |  |  | |  | |
| **Pre Sea Training / Apprentice Ship** | | | | | | | | | |
| Name of Institute / College   |  |  | | --- | --- | | **Height : Cm :** | **Weight : Kg :** | | **Boiler Suit Size ( S , M , L , XL , XXL) :** | **Shoe Size (6, 7, 8, 9, 10, 11) :** | | | | From | | To | | | Type of Degree | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Have you ever signed off from a ship due to Medical reasons.   **(If Yes give details)** | | | | **Yes / No** | |
| Name of Vessels | | Date of Occurrence | | | |
|  | |  | | | |
| Brief Description of Illness / Injury / Accident | | | | | |
| 1. Did you suffer or Are you Presently suffering from any Disease likely to render you unfit for Service at Sea or likely to endanger the health of others on board. | | | | | **Yes / No** |
| 1. Are you addicted to alcohol or drug of any kind. | | | | | **Yes / No** |
| 1. Have you suffered from following   Malaria Diabetes Epilepsy Nervous Disability | | | | |  |
| 1. Date of last Yellow Fever | Date of Issue | | Date of Expiry | |  |

**Medical History**

**BANK DETAILS**

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| Bank Details: Name & Branch: |
| Account No: |

I hereby affirm that all the information provided by me in this application is true and correct to the best of my knowledge and belief; further, that no Certificate of competency or License issued to me has ever been Revoked or Suspended. 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.

**I have never been involved in any Criminal activity nor do I have any pending criminal case.**

**I have never been involved in any Navigational incidents in last 24 months.**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Seaman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Previous Sea Service** (Date Commencing from Last Vessel) |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name of Owners / Manager** | **Name of Vessel** | **Rank** | **Flag** | **Type** | **DWT** | GRT | **BHP** | **Engine Type** | | | **UMS Y/N** | **From** | **To** | **Total MM/DD** | **Reason for S/OFF** |
| 1 |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |