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| **APPLICATION FORM** (**RPSL License No.- MUM 182 validity** **18-12-2025**)  **K. R. MARINE SERVICES PVT. LTD.**  **​**  523, 5TH FLOOR, NAV VYAPAR BHAVAN, PLOT NO.49, P.D’MELLO ROAD, CARNAC BUNDER, MASJID BUNDER (EAST), MUMBAI- 400 009, MAHARASHTRA, INDIA, TEL No.022-2348 5936, FAX No. 022-2348 1970,  Email Id - krmarineservices@gmail.com / info@krmarineservices.com | **Photo** |

**K. R. MARINE SERVICES PVT. LTD.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 : | | | | | | | | | |
| **Educational Qualification :** | | | | | **Blood Group :** | | | | |
| **Passport No.** | **Date of Issue** | | | **Place of Issue** | | | **Expiry Date** | **ECNR** | **Blank Pages** |
|  |  | | |  | | |  |  |  |
| US VISA |  | | |  | | |  |  |  |
| **Seaman’s Book (CDC)** | **Number** | | | **Date of Issue** | | | **Place of Issue** | **Expiry Date** | **Remark** |
| Indian |  | | |  | | |  |  |  |
| Honduras |  | | |  | | |  |  |  |
| Panamanian / Liberian |  | | |  | | |  |  |  |
| INDOS |  | | |  | | |  |  |  |
| SID |  | | |  | | |  |  |  |
| **License** | **Grade** | | | **Cert. Number** | | | **Date of Issue** | **Place of Issue** | **Expiry Date** |
| Indian COC |  | | |  | | |  |  |  |
| IV MASTER COC |  | | |  | | |  |  |  |
| Honduras |  | | |  | | |  |  |  |
| Panamanian |  | | |  | | |  |  |  |
| UK |  | | |  | | |  |  |  |
| Civil Status : Single / Married / Separated / Divorced / Widowed | | | | | | |  | | |
| **Full Name of Next of Kin :** | | | | | | | | **Relationship :** | |
| **Address of Next of Kin:** |  | | | | | | | | |
| Email : | | | | | | | 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** |
| FPFF / REFRESHER FPFF | |  | | |  | |  | |  | | |  |
| AFF / REFRESHER AFF | |  | | |  | |  | |  | | |  |
| PST/ REFRESHER PST | |  | | |  | |  | |  | | |  |
| PSCRB / REFRESHER PSCRB | |  | | |  | |  | |  | | |  |
| EFA/ MFA / MEDICAL CARE | |  | | |  | |  | |  | | |  |
| REFRESHER MFA | |  | | |  | |  | |  | | |  |
| PERSONAL SAFETY & SOCIAL RESPONSIBILITY (PSSR) | |  | | |  | |  | |  | | |  |
| COOK COC | |  | | |  | |  | |  | | |  |
| CCMC | |  | | |  | |  | |  | | |  |
| SSO | |  | | |  | |  | |  | | |  |
| STSDSD | |  | | |  | |  | |  | | |  |
| Watch Keeping (Deck/Engine) | |  | | |  | |  | |  | | |  |
| Radar Observer (ROC) / ROP | |  | | |  | |  | |  | | |  |
| ARPA | |  | | |  | |  | |  | | |  |
| Radar Simulator (RANSCO) | |  | | |  | |  | |  | | |  |
| GOC BOOKLET / RENEWAL | |  | | |  | |  | |  | | |  |
| GMDSS ENDORESMENT | |  | | |  | |  | |  | | |  |
| Basic Training in Oil and Chemical Tanker Cargo Operations | |  | | |  | |  | |  | | |  |
| Advanced Training Oil Tanker / Chemical DC | |  | | |  | |  | |  | | |  |
| TASCO /GASCO Up gradation | |  | | |  | |  | |  | | |  |
| Basic Training in Liquefied Gas Tanker Cargo Operations | |  | | |  | |  | |  | | |  |
| Advanced Liquefied Gas Tanker Operations | |  | | |  | |  | |  | | |  |
| Revalidation Course (COC) | |  | | |  | |  | |  | | |  |
| Refresher & Updating Training – Revalidation of MEO COC | |  | | |  | |  | |  | | |  |
| Refresher & Updating Training – Upgradation – Deck Officers | |  | | |  | |  | |  | | |  |
| H2S | |  | | |  | |  | |  | | |  |
| HUET | |  | | |  | |  | |  | | |  |
| HIGH VOLTAGE SAFETY & SWITCH GEAR | |  | | |  | |  | |  | | |  |
|  | |  | | |  | |  | |  | | |  |
| **Details of Courses & Certificates** | | **Number** | | | **Dt. Of Issue** | | **Dt. Of Expiry** | | **Pl. of Issue** | | | **Issued by** |
| ECDIS | |  | | |  | |  | |  | | |  |
| Bridge Team Management | |  | | |  | |  | |  | | |  |
| Bridge Resource Management | |  | | |  | |  | |  | | |  |
| Risk Assessment | |  | | |  | |  | |  | | |  |
| BOISET | |  | | |  | |  | |  | | |  |
| Engine Room Simulator | |  | | |  | |  | |  | | |  |
| Ship Maneuvering Simulator | |  | | |  | |  | |  | | |  |

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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  **Safety Shoes Size :**   |  |  | | --- | --- | | **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 Expiry : | | |

**Medical History:**

**BANK DETAILS**

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| --- |
| Bank Details: Name & Branch: |
| Account No: / IFSC Code: |
| Pan Card 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.

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name of Owners/Manager** | **Name of**  **Vessel** | **Rank** | **Type** | GRT | **BHP/**  **KW** | **From** | **To** | **Total MM/**  **DD** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |

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