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 **APPLICATION FORM**

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| **RANK APPLIED** |  | **DATE OF APPLICATION** |  |
| **INDOS NUMBER** |  | **DATE OF AVAILABILITY** |  |

## PERSONAL DETAILS

##  *SURNAME FIRST NAME MIDDLE NAME*

|  |  |  |  |
| --- | --- | --- | --- |
| NAME |  |  |  |
| Date of Birth |  | Place of birth |  | Nationality |  |
| Permanent Address: | Present Address:  |
|  |  |
| City & Pin code: | City & Pin code**:**  |
| Telephone |  | Telephone |  |
| Email 1 |  | E-mail 2 |  |
| Next of Kin (Name) |  | Relationship |  |
| Address of next of kin:  | Mobile No. |  |
| Height |  | Weight |  | Blood Group |  | Languages Known |  |
| Marital Status |  | Name of Spouse |  | Number of Children |  |
| Safety Gear Size |  | Safety Shoe Size |  | BMI |  |

|  |
| --- |
| **2. LICENCES / DOCUMENTS HELD** |
| **ITEM** | **NUMBER** | **ISSUED** | **EXPIRING** | **ISSUED BY** | **PLACE OF ISSUE** | **GRADE** |
| PASSPORT |  |  |  |  |  |  |
| SEAMANS’S BOOK (National) |  |  |  |  |  |  |
| **SEAMAN’S BOOK (Other)** |  |  |  |  |  |  |
| **SEAMAN’S BOOK (Other)** |  |  |  |  |  |  |
|  **COC** |  |  |  |  |  |  |
|  **COE** |  |  |  |  |  |  |
|  SID |  |  |  |  |  |  |
| **U.S. VISA**  |  |  |  |  |  |  |
| **CHOLERA VACCINATION** |  |  |  |  |  |  |
| **YELLOW FEVER VACC.**  |  |  |  |  |  |  |

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**3. STCW AND OTHER CERTIFICATES**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| STCW COURSES | **Certificate No.** | **Date of Issue** | **Date of Expiry** | **Place of Issue** | **Issuing Authority /Institute** |
| GP RATING TRAINING  |  |  |  |  |  |
| PRE SEA COURSE |  |  |  |  |  |
| SALOON RATING/ GME |  |  |  |  |  |
| PSSR |  |  |  |  |  |
| EFA / MFA / MEDICARE |  |  |  |  |  |
| PST / PSCRB |  |  |  |  |  |
| FP & FF / AFF |  |  |  |  |  |
| STSDSD |  |  |  |  |  |
| COOKERY CERT. |  |  |  |  |  |
| ROC  |  |  |  |  |  |
| ARPA |  |  |  |  |  |
| GMDSS |  |  |  |  |  |
| **GMDSS END.** |  |  |  |  |  |
| W/K CERT. FOR RATINGS |  |  |  |  |  |
| **SIMULATOR TRAINING** |  |  |  |  |  |
| RANSCO / NARAST |  |  |  |  |  |
| BTM |  |  |  |  |  |
| BRM |  |  |  |  |  |
| ECDIS |  |  |  |  |  |
| **TANKER COURSES** |  |  |  |  |  |
| OTFC / TASCO |  |  |  |  |  |
| CTFC / CHEMCO |  |  |  |  |  |
| GTFC / GASCO |  |  |  |  |  |
| DCE Oil : Level 1/2 |  |  |  |  |  |
| **DCE Chem : Level 1/2** |  |  |  |  |  |
| DCE Gas : Level 1/2 |  |  |  |  |  |
| LCHS : Opr / Mgt. |  |  |  |  |  |
| ERS : Opr / Mgt. |  |  |  |  |  |
| Proficiency SSO |  |  |  |  |  |
| Ship Safety Officer |  |  |  |  |  |
| Energy Conservation |  |  |  |  |  |
| IILP |  |  |  |  |  |
| OPA - 1990 |  |  |  |  |  |
| Pollution Prevention |  |  |  |  |  |
| RAM |  |  |  |  |  |
| FRAMO |  |  |  |  |  |
| AMOS |  |  |  |  |  |
| ISPS Familiarisation |  |  |  |  |  |
| Watchkeeping Course |  |  |  |  |  |
| ITI |  |  |  |  |  |
| 6G Cert. |  |  |  |  |  |
| Pumpman's Course |  |  |  |  |  |
| Accident Investigation |  |  |  |  |  |
| Risk Assessment |  |  |  |  |  |
| E R Simulator (Opr. / Mgt.) |  |  |  |  |  |
| SMS |  |  |  |  |  |
| Revalidation and Updating |  |  |  |  |  |
| H.U.E.T. |  |  |  |  |  |

**BASIC QUALIFICATION:**

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4. SEAEXPERIENCE :*( Most recent first)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *COMPANY*  | *VESSEL* |  *MAIN ENGINE* | *PERIOD* | *TOTAL DAYS* |
| NAME | TYPE | DWT | GRT | RANK | MAKE | BHP/KW | FROM | TO | MONTH / DAYS |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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**Any Major Incidence / Observation / Special experience for reporting:**

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| **5. HOW DID YOU COME TO KNOW ABOUT US?** *(Please tick the appropriate medium)*  |
| **A** | Company presentation/seminar |  | **B** | Marine Club notice-board |  | **C** | Marine magazine advertisement |  |
| **D** | Newspaper advertisement |  | **E** | Told by seagoing friend(s) |  | **F** | Direct Mail from Company |  |
| **G** | Others (Please specify) |  | Are you ready to join one rank lower:: NO |
| 6. DECLARATION |
| I certify that the details given by me in filling up this form are true, complete, and correct to best of my knowledge and belief. I understand that any misrepresentation or material omission made in this application form or other documents submitted to Unaone Ship Management Private Limited may renders me liable for termination or dismissal. |
|
|
| ***Date: ­­­­­­­­­­­­*** |  SIGNATURE OF APPLICANT | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
|  |
| 7. SPACE FOR OFFICIAL USE |

**Assessment:**Grade **Application Status**: Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personality |  |  | Forwarded to Principal |  |
| Attitude |  | Entered in Databank |  |
| Technical Knowledge |  | Databank Sr. Number/INDOS |  |
|  |  |  | PRINCIPAL’S ACCEPTANCE DETAILS |
|  |  |  | ACCEPTED |  | YES |  | NO |
| REF : |
| Overall Assessment |  |

***Interviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

|  |  |  |
| --- | --- | --- |
| **Acknowledgement to Crew ( Remarks):** **Name :** **Rank :** **INDOS :****Date : RPSL Lic. No.: MUM-162038 Validity:21/02/2025*****UNAONE SHIP MANAGEMENT PVT. LTD.***

|  |  |
| --- | --- |
| **405,4th Floor, Plot No. B-18, Morya Landmark II,** **Oshiwara Link Road, Andheri (w) Mumbai-400053****Telephone: + 91 22 42501900 Fax: +91 22 42501911****E-mail:info@unaoneship.com**  |  |

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##  ACKNOWLEDGEMENT RECEIVED / DATE

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