|  |  |  |
| --- | --- | --- |
| **C:\Users\Administrator.Ravi-PC\Desktop\OIS Logo High Resolution-resized.jpg** | **Oceanic International Shipping (Pvt) Ltd****Tel:0094113637252** **/3****Email :** **info@oceanicshippings.com** | **Quality Manual**ISO 9001:2015 Quality Management System**Application Form of Seafarers (CV)****Recruitment & Placement Services Manual** |
| **Doc no: RPS/FM/02** | **Page: 1 of 5** | **Issue no: 03.01.2017**  | **Revision no : 01** |
| **Prepared by:** | **Crew/Ops Manager** | **Issue Date: 03-01-2017** | **Revision Date: 31.07.2019** |
| **Title:** | **Application Form of Seafarers (CV)** |
|  |  |  |  |  |  |  |  | **FORM no: 02** |

**Personal Data (Name Should be as appearing in the passport)**

|  |
| --- |
| Surname |
|  |

|  |
| --- |
|   |

|  |
| --- |
| Other Names |
|  |

|  |  |  |
| --- | --- | --- |
| Nationality | Date of Birth (DD/MM/YYYY) | Place/ City of Birth |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Marital Status | Gender: M = Male, F = Female | Religion |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Rank Applied  | Willing to Accept Lower Rank: Yes No | Available From (Date) (DD/MM/YYYY) |
|  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Primary/Permanent Address: |  |
| City |  | Country |  |
| Home Tel:  |  | Mobile No: |  |
| Fax: |  | E-mail: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Overall Size: | Safety Shoe Size: | Height: (cm) | Weight : (Kg) | BMI: weight (kg) **/** [height (m)]2  |
|  |  |  |  |  |

**2. Personal ID/Documents/Visa**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Document/ID** | **Country of Issue** | **Number** | **Date of Issue**(DD/MM/YY) | **Issued at (Place)** | **Valid Until**(DD/MM/YY) |
| Seaman’s Book (National) |  |  |  |  |  |
| Passport |  |  |  |  |  |
| US Visa C1/D |  |  |  |  |  |
| Yellow Fever |  |  |  |  |  |
| National ID  |  |  |  |  |  |

**3. Nominee/Next of Kin and Family Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Next of Kin  | Relationship\* | Gender Male  Female | Nationality |
|  |  |  |
| Address |  |
| City |  | Country |  |
| E-mail |  | Tel: |  | Mobile: |  |

\* Select from: \*Spouse \*Child \*Grand Parent \*Other Relative (please Specify)

**3.1 Family Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship** | **First Name** | **Last Name** | **Date of Birth** |
| Father |  |  |  |
| Mother |  |  |  |
| Spouse  |  |  |  |
| Child M F |  |  |  |
| Child M F |  |  |  |
| Child M F |  |  |  |

\* Strike out inapplicable item

**4 STCW – Compliant Certificates/Courses and Other Qualifications:**

**4.1 Certificate of Competency & Ratings Watch-Keeping Certificate**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Qualifications** | **Number** | **Date Of Issue**dd/mm/yy | **Date Of Expiry**dd/mm/yy | **Issuing Authority** |
| \* Certificate of Competency - COC |  |  |  |  |
| Navigational watch keeping A-II/4 |  |  |  |  |
| Navigational watch keeping A-II/5 |  |  |  |  |
| Engine Room watch keeping A-III/4 |  |  |  |  |
| Engine Room watch keeping A-III/5 |  |  |  |  |
| Electro-Technical Officer A-III/6 |  |  |  |  |
| Electro-Technical Rating A-III/7 |  |  |  |  |
| Basic Training For Oil And Chemical Tanker Cargo Operation - Endorsement A - V/1-1 |  |  |  |  |
| Basic Training For Oil And Chemical Tanker Cargo Operation -Certificate |  |  |  |  |
| Advance Training for Oil Tanker Cargo Operation A -V/1-1-2 |  |  |  |  |
| Advance Training for Oil Tanker Cargo Operation Endorsement A -V/1-1-2 |  |  |  |  |
| 6G/ 4G Welding Certificate |  |  |  |  |
| LLOYDS- Welding Certificate |  |  |  |  |
| Ship Cook Updating Certificate –MLC 2006 |  |  |  |  |
| Ship Steward updating certificate – MLC 2006 |  |  |  |  |
| Liberia endorsement |  |  |  |  |
| Panama endorsement |  |  |  |  |
| Other |  |  |  |  |

\*Enter actual description given in the Certificate of Competency / Watch keeping Certificate held by you

**4.2 Other STCW Certificates**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description of Certificate/Course** | **Number** | **Country of Issue**  | **Date of Issue**dd/mm/yy | **Date of Expiry**dd/mm/yy | **Issuing Authority / Institute** |
| Refresher & Updating training A-VI/1-1 to1-4 |  |  |  |  |  |
| Basic Training Endorsement A-VI/1-1 to 1-4 |  |  |  |  |  |
| Personal Survival Techniques |  |  |  |  |  |
| Elementary First Aid |  |  |  |  |  |
| Fire Prevention & Fire Fighting |  |  |  |  |  |
| Personal Safety & Social Resp. |  |  |  |  |  |
| Proficiency in Maritime English |  |  |  |  |  |
| Seafarers with Designated Security Duties  |  |  |  |  |  |
| Proficiency in Survival Craft & Rescue Boats |  |  |  |  |  |
| Fast Rescue Boats |  |  |  |  |  |
| Advance Fire Fighting |  |  |  |  |  |
| Medical First Aid |  |  |  |  |  |
| Medical Care (Master/CO) |  |  |  |  |  |
| **4.3 Other Mandatory / Recommended Certificates / Courses – (as applicable)** |
| **Description of Cert/Course** | **Number** | **Country of Issue**  | **Date of Issue****dd/mm/yy** | **Date of Expiry****dd/mm/yy** | **Issuing Authority / Institute** |
| GMDSS (GOC/ROC) |  |  |  |  |  |
| ECDIS |  |  |  |  |  |
| ARPA (Reg 11/1 + Solas) |  |  |  |  |  |
| HAZMAT |  |  |  |  |  |
| Radar Simulator |  |  |  |  |  |
| Bridge Team Management |  |  |  |  |  |
| Bridge Resource Management |  |  |  |  |  |
| Bridge E-Room Resource Management |  |  |  |  |  |
| Shipboard Security Officer |  |  |  |  |  |
| Ship Security Awareness  |  |  |  |  |  |
| Tanker Familiarization |  |  |  |  |  |
| Navigation Watch Keeping Simulator-Operational LevelRadar Observation & Plotting |  |  |  |  |  |
| Electronic Navigation Systems |  |  |  |  |  |
| Radar Observation and Plotting |  |  |  |  |  |
| International Ship and Port Security Code (ISPS) |  |  |  |  |  |
| Risk Assessment |  |  |  |  |  |
| Ship Handling And Maneuvering |  |  |  |  |  |
| Other (Add below if any other courses |  |  |  |  |  |
|  |  |  |  |  |  |

**5. Sea Experience: All Fields Are Mandatory**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vessel Name** | **FLAG** | **Vessel Type** | **GRT** | **DWT** | **Engine Make/ Model**  | **KW / BHP** | **RANK** | **Signed on dd/mm/yy** | **Signed off dd/mm/yy** | **Company Name** | **Reason of Sign Off**  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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**\*\*\*Nomenclature –
CC – Completed Contract, VS – Vessel Sold, MG – Medical Grounds (Please specify the type of illness), OR – Other Reason (Please Specify)**

\* Use only the following Abbreviations for vessel types

**B/C** Bulk Carrier **FPSO** Floating Production Storage Offloading **MLP** Multi-Purpose **PAS** Passenger Ship **YAT** Yacht

**CON** Cellular Container **GCD** General Cargo **MSV** Multi Service Vessel **RFG** Reefer Vessel **TNB** Tanker (Bitumen)

**CHM** Chem. Carrier IMO 1-11 **HLV** Heavy Left Vessel **NVL** Naval Ship **R/R** Ro/Ro Carrier **TNC** Tanker (Crude)

**CH3** Chem. Carrier IMO 111 **LSH** Lash **RIG** Offshore Oil Rig **PRR** RoRo-Pax **TNP** Tanker (Product)

**DRG** Dredgers **LIV** Live Stock Carrier **OSV** Offshore Supply Vessel **SAL** Sailing Vessel **TNS** Tanker(Storage)

**DP** Dynamic Positioning **LNG** LNG Carrier **OBO** Ore/Bulk/Oil Carrier **SRV** Survey Vessel **TNV** Tanker

**FSH** Fishing Vessel **LOG** Log/Timber **O/O** Ore/Oil Carrier **SUL** Self – Unloader (VLCC/ULCC)

**FSO** Floating Storage Offloading **LPG** LPG Carrier **OTH** Other **TUG** Tug

**6. Medical History**

**Blood Type**

All previous illnesses other that minor afflictions should be stated below or updated.

If not previously disclosed, the Company is entitled to decline payment of medical

costs for treatment or for any other insured benefits.

(A) Have you ever signed off a ship due to medical reasons? Yes No

If yes, please provide details:

(B) Have you undergone any surgical operations in the past? Yes No

If yes, please provide details:

(C) For what illnesses or accidents have you consulted a doctor during the last 12 months?

(D) Please give details of any health or disability problem from which you presently suffer

Declaration to be signed by the applicant

I hereby certify that the information contained in this form is correct and I understand that the Company may terminate my services at any time if any of the above information is found to be false.

I understand that a medical examination at my own cost is a condition precedent to selection for employment and I express my willingness to be so examined (if required) and to furnish the company Doctor with full details of my previous medical history.

**Date Signature of the Applicant**

 **Reference**

|  |  |
| --- | --- |
| Name of the Company |  |
| Name of the person to contact |  |
| Address |  |
| Contact Number |  |

|  |
| --- |
| **Office Use Only** |

Authenticity of COC and Documents checked? Yes No Authority

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Knowledge of English :** |

|  |
| --- |
| **Fluent**  |

 |

|  |
| --- |
|  **Good** |

 |

|  |
| --- |
|  **Average** |

 |  **Poor**  |  |
|  | **NAME** |  **SIGNATURE** |  | **DATE** |
| **Received By :** |  |  |   |   |   |
|   |  |
| **Interviewed By:** |  |  |  |  |   |
| **Interview Notes:** |