



AUSLAND SHIP MANAGEMENT SERVICES (P) LTD.

# APPLICATION FORM

RPSL - MUM - 367 - VALID TILL - 03.09.2020

Kindly affix a regular & recent passport size PHOTOGRAPH .

APPLICATION FORM

Date :

Rank Applied For :

Date of Availability

IMM

**PERSONAL DESCRIPTION AND INFORMATION**

Name Last:		First:		Middle:	
Birth Date:		Place & Country:		Nationality: INDIAN	
INDOS Number					
Passport No:		Place of Issue		Date of Issue	
Date of Expiry					
Aus. Visa Type:		Place of Issue		Date of Issue	
Date of Expiry					
UK Visa Sec.		Place of Issue		Date of Issue	
Date of Expiry					
<b>Permanent Address &amp; Contact Details</b>					
City		State		Country	
MAHARASHTRA		INDIA		Zip Code	
STD Code		Res.		Fax:	
Mobile:		Email			
<b>Correspondence Address &amp; Contact Details :</b>					
City		State		Country	
INDIA		Zip Code			
STD Code		Res.		Fax:	
Mobile:		Email			
Marital Status		No. of Children		Nearest Airport / Station	
<b>Next of Kin - [ Name , Address &amp; Contact Details ]</b>					
Name		Relationship			
City					
State		Country		Zip Code	
Std. Code		Res.		Fax:	
Mobile:		Email			
<b>Emergency Address (If Family on Board):</b>					
City		State		Country	
Zip Code					
STD Code		Res.		Fax:	
Mobile:		Email			
Name of Wife & Child		Rela-tion		Date of Birth	
Place of Birth		Passport No.		Date of Issue	
Date of Expiry		Place of Issue		ECNR	

<b>Certificate of Competency</b>		<b>Number</b>		<b>Date of Issue</b>		<b>Date of Expiry</b>		<b>Place / Country of Issue.</b>	
<b>Revalidation Details</b>									
<b>Seaman Book [ C.D.C ]</b>		<b>Number</b>		<b>Date of Issue</b>		<b>Date of Expiry</b>		<b>Place of Issue</b>	
INDIA									

**COURSES AND CERTIFICATE (STCW 2010) & OTHER MODULAR COURSES**

Name & Description		Number	Date Of Issue	Date of Expiry	Place of Issue
Elementary First Aid					
Personal Survival Techniques					
Proficiency in Survival Craft					
Personal Safety & Social Responsibility					
Fire Prevention & Fire Fighting					
Proficiency in Survival Craft & Rescue Boat					
Maritime English					
Watch Keeping Course	Deck				
	Engine				
Watch Keeping Certificate	Deck				
	Engine				
Tanker Safety					
OTFC					

	(Specialised) Familiarisation	CTFC				
		GAS				
D	Petroleum	LEVEL				
C	Chemical	LEVEL				
E	LPG	LEVEL				
PRE-SEA						
STSDSD						
AUG						
Ships Captain Medicare						
Medical First Aid						
Advanced Fire Fighting						
Quality Standards						
RADAR & ARPA Simulator Training (Operational)						
RADAR & ARPA Simulator Training (Management)						
RADAR Observer						
Automatic RADAR Plotting AIDS						
Liquid Cargo Handling Simulator		Level				
		Level				
Ships Handling / Maneuvering / Simulator Training						
Crowd Management Training						
Familiarisation Training						
Safety Training						
Passenger Safety Training						
Crisis Management & Human Behavior						
Passenger Ship Endorsement						
Risk Assessment & Management						
Electronic Chart Display & Information System (ECDIS)						
Engine Room Simulator		Level				
		Level				
Bridge Team Management						
Yellow Fever Vaccination						
INDOS						
Ship Security Officer						
Ship Handling Simulator						
GMDSS						
Refresher & Updating Training						
Cummins Training						
ISM						
I.S.P.S.						

**PREVIOUS SEA EXP.**

RANK	VESSEL	TYPE	DWT	BHP / UMS	ENGINE	FROM MM/DD/YY	TO MM/DD/YY	TOTAL MM/DD	MANNING / OWNER
								0 months, 0 days	
								0 months, 0 days	
								0 months, 0 days	
								0 months, 0 days	
								0 months, 0 days	
								0 months, 0 days	
								0 months, 0 days	
								0 months, 0 days	
								0 months, 0 days	

										0 months, 0 days	
										0 months, 0 days	
										0 months, 0 days	
										0 months, 0 days	
										0 months, 0 days	
										0 months, 0 days	
										0 months, 0 days	
										0 months, 0 days	

**Note : Eng. Officers and Elec.Officers to indicate UMS experience**

**Engineer Officer & Electrical Officer to indicate UMS Experience.**

**TOTAL EXP. AS ----- IS --- YEARS --- MONTHS & ----DAYS**

**ACTUAL TIME SERVED ON BOARD IN MONTHS**

RANK	OBO		TANKER		RORO / PSNGR / CONTAINER		BULK / GEN.CARGO		LPG LNG		OTHERS		
	M	D	OIL	CHEM	M	D	M	D	M	D	M	D	
			M	D									
Master / Ch.Engr													
Ch.Off / 2nd.Engr													
2nd.Off / 3rd.Engr													
3rd .Off / 4th Engr													
EI/Off / TME / J.E													

**EDUCATIONAL BACKGROUND [ please include pre-sea training ]**

Name of Schools / Colleges Attended	City / Country	From	To	Type of Degree / Diploma / Qualification Received

**REFERENCES:**

Title	Name	Company Name	Phone Number
A			
B			

**Address**

A	
B	

MUI Membership No. (For Officers)		Date:	
NUSI / Other Membership No. (For Ratings)		Date:	

- 1) Are you involved in any marine accident / Investigations? Yes \_\_\_ No \_\_\_ (if YES please give details)
- 2) Did you suffer any accident which rendered you temporarily and / or partially disabled? Yes \_\_\_ No \_\_\_ (if YES please give details)
- 3) Are you currently under medical treatment or taking medication for existing conditions? Yes \_\_\_ No \_\_\_ (if YES please give details)
- 4) Did you suffer or do you presently suffer from any diseases likely to render you unfit for sea service or likely to endanger the health of other persons onboard? Yes \_\_\_ No \_\_\_ (if YES please give details)
- 5) Did you undergo Psychiatric treatment? Yes \_\_\_ No \_\_\_ (if YES please give details as when you had undergone)
- 6) Are you addicted to Alcohol or Drugs of any kind? Yes \_\_\_ No \_\_\_ (if YES please give details)

**BANK DETAILS:**

Name of Bank		Full Bank Address	
Name of A/c Holder		Branch Code	
Account No.		Swift Code	

I hereby certify and confirm that the information's contained above is true and factual, relevant documents wherever

**DATE :** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>					
<b>VERIFICATION OF DOCUMENTS</b>					
Original COC / Passport / CDC	Yes	No	Signature of Office Staff		
STCW Courses and Training Certificates	Yes	No	Signature of Office Staff		
<b>COMPUTER TEST RESULTS (RATINGS)</b>					
RANK			DATE :		
DECK	%	ENGINE	%	DETAILED (Catering)	%
Cargo Handling		Boiler Watch		Catering Cleaning	
Emergency Equipment & Procedures		Emergency Equipment & Procedures		Catering Junior	
English Language		English Language		Emergency Equipment & Procedures	
Look Out / Safe Watch / Steering		Safe Watch		Support Engine & Deck	
<b>TOTAL</b>		<b>TOTAL</b>		<b>TOTAL</b>	
<b>RESULTS OF FINAL ASSESSMENT / INTERVIEW</b>					
Accepted, considering company age limit for current capacity : Yes / No					

\_\_\_\_\_  
Signature of Manager [F.P.]

Date: \_\_\_\_\_