



# UNIMAR MARINE SERVICES PVT LTD

AN ISO 9001: 2008 CERTIFIED COMPANY) & (MLC 2006 COMPLIANT)

Shop No. 29 – 30, 1<sup>ST</sup> Floor, Mira Road Crystal Plaza Co-Op. Hsg. Soc. Ltd,  
Near Mira Road Railway Station, Station Road, Mira Road (E) Mumbai – 401 107 (India)

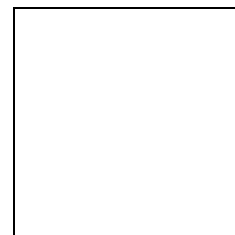
TEL-0091-22-65078260, TEL FAX-0091-22-28108260

[Email-unimarpvtltd@gmail.com](mailto:Email-unimarpvtltd@gmail.com), [info@unimarmarine.com](mailto:info@unimarmarine.com)

[www.unimarmarine.com](http://www.unimarmarine.com)

RPSL NO:- MUM - 197

VALID TILL:- 06/10/2021



## OFFICERS APPLICATION FORM

### Personal Details:

|                     |                               |                   |
|---------------------|-------------------------------|-------------------|
| First Name:         | Middle Name:                  | Surname:          |
| Nationality: INDIAN | Date / Place of Birth:        | Available From:   |
| Post Applied For:   | Willing to Accept Lower Rank? | Last drawn wages: |
| MUI Membership No.: | INDOS No.:                    | Expected Wages:   |

|                    |               |                  |               |
|--------------------|---------------|------------------|---------------|
| Permanent Address: |               | Present Address: |               |
|                    |               |                  |               |
| PIN Code:          |               | PIN Code:        |               |
| STD Code:          | Phone Number: | STD Code:        | Phone Number: |
| Email:             |               | Mobile No:       |               |

### Travel Documents Details:

| Passport No:           | Date of Issue | Place of Issue | Date of Expiry | ECNR | Minimum 4 Blank Pages |
|------------------------|---------------|----------------|----------------|------|-----------------------|
|                        |               |                |                |      |                       |
| U.S. VISA<br>C1/D No.: |               |                |                |      |                       |

| Seaman's Book (CDC) | Number | Date of Issue | Place of Issue | Expiry Date |
|---------------------|--------|---------------|----------------|-------------|
| Indian              |        |               |                |             |
| Panamanian          |        |               |                |             |
| Others              |        |               |                |             |

### Certificate of Competency Details:

| License               | Grade | Number | Date of Issue | Place of Issue | Date of Expiry |
|-----------------------|-------|--------|---------------|----------------|----------------|
| Indian                |       |        |               |                |                |
| U.K.                  |       |        |               |                |                |
| Panamanian            |       |        |               |                |                |
| Others                |       |        |               |                |                |
| GMDSS (Deck Officers) |       |        |               |                |                |
| GMDSS Endorsement     |       |        |               |                |                |

### Yellow Fever Details

| Number | Date of Issue | Place of Issue | Expiry Date |
|--------|---------------|----------------|-------------|
|        |               |                |             |

Next of Kin Details:

|                         |  |  |
|-------------------------|--|--|
| Full Name of Kin :      |  | Relationship:                                |
| Address of Next of Kin: |  |  |
|                         |  | STD Code:                      Phone Number: |
|                         |  | Mobile No.:                                  |

| Family Details | Name | D.O.B. | PPT. No. | D.O.I. | Place of Issue | D.O.E. | ECNR |
|----------------|------|--------|----------|--------|----------------|--------|------|
| Wife           |      |        |          |        |                |        |      |
| Child M/F      |      |        |          |        |                |        |      |
| Child M/F      |      |        |          |        |                |        |      |

|   |       |   |
|---|-------|---|
| Height :                      Cm:           | BMI : | Weight:                      Kg:        |
| Boiler Suit Size ( S , M , L , XL , XXL ) : |       | Shoe Size ( 6 , 7 , 8 , 9 , 10 , 11 ) : |

Details of courses & certificates:

| STCW Courses:   | Number | Date of Issue | Date of Expiry | Issued By / Place of Issue |
|---|--------|---------------|----------------|----------------------------|
| Advanced Fire Fighting (AFF) / FIRE PREVENTION & FIRE FIGHTING (FPFF) |        |               |                |                            |
| Medical First Aid (MFA) / ELEMENTARY FIRST AID (EFA)                  |        |               |                |                            |
| Proficiency in Survival Craft & Rescue Boat (PSCRB)                   |        |               |                |                            |
| Personal Survival Technique (PST)                                     |        |               |                |                            |
| Personal Survival & Social Responsibility (PSSR)                      |        |               |                |                            |
| Medicare ( Deck Officers )  |        |               |                |                            |
| Radar Observer / ARPA ( Deck Officers )                               |        |               |                |                            |
| Radar Simulator (RANSCO)  |        |               |                |                            |
| Ship Handling Simulator   |        |               |                |                            |
| SSO Course  |        |               |                |                            |
| Fast Rescue Boat (FRB)  |        |               |                |                            |
| ECDIS ( Deck Officers )   |        |               |                |                            |
| Revalidation / Upgradation Course                                     |        |               |                |                            |
| Engine Room Simulator   |        |               |                |                            |
| Tanker Courses:   |        |               |                |                            |
| LCHS  |        |               |                |                            |
| Oil Tanker Familiarization (OTFC)                                     |        |               |                |                            |
| Chemical Tanker Familiarization (CTFC)                                |        |               |                |                            |
| Gas Familiarization (GTFC)  |        |               |                |                            |
| Petroleum Tanker Safety (TASCO)                                       |        |               |                |                            |
| Chemical Tanker Safety (CHEMCO)                                       |        |               |                |                            |
| Gas Tanker Safety (GASCO)   |        |               |                |                            |
| Optional Courses:   |        |               |                |                            |
| Hazmat Course   |        |               |                |                            |
| Bridge Team Management (BTM)  |        |               |                |                            |
|   |        |               |                |                            |
| Others:   |        |               |                |                            |
|   |        |               |                |                            |

|                                    |             |                  |        |       |                |       |
|------------------------------------|-------------|------------------|--------|-------|----------------|-------|
| Dangerous Cargo Endorsements (DCE) | Nationality | Grade/Level I/II | Number | D.O.I | Place of Issue | D.O.E |
| Oil                                |             |                  |        |       |                |       |
| Chemical                           |             |                  |        |       |                |       |
| Liquefied Gas                      |             |                  |        |       |                |       |

|  |                                   |                          |         |                          |
|--|-----------------------------------|--------------------------|---------|--------------------------|
| DP Certification (Please tick accordingly) |                                   |                          |         |                          |
| Type of Certificate                        | Basic                             | <input type="checkbox"/> | Advance | <input type="checkbox"/> |
|  | Limited                           | <input type="checkbox"/> | Full    | <input type="checkbox"/> |
| Length of DP Watch keeping                 | (Total DP hours & months onboard) |                          |         |                          |
| Vessel Class                               |                                   |                          |         |                          |

Offshore Certificates

| Certificates   | Number | Date of Issue | Date of Expiry |
|--|--------|---------------|----------------|
| HUET   |        |               |                |
| Police Clearance Certificate ( PCC )                                   |        |               |                |
| BOSEIT (OPITO Approved)<br>Please tick if YES <input type="checkbox"/> |        |               |                |
| Food Handling  |        |               |                |
| Crane Operator Training Certificate                                    |        |               |                |
| Rigging and Slings   |        |               |                |

Please give details of the following:-

|   |
|---|
| Reason for leaving present company-                                     |
| If sailed on bulk carrier vsI, pls specify if it is Geared Or Gearless- |
| Pls advise reason for short contract if any-                            |
| Any taking over of experience of vessel-                                |
| Working experience with mixed crew, pls. advise nationality-            |
| Any Medical illness history-  |
| Type of Engine -  |
| Type of Cargo Loading-  |

Declaration of Applicant

|  |        |         |
|--|--------|---------|
| Total Sea Service of Position Applied for:   |        |         |
| Type: Bulk /Gen cargo/container/Ro Ro/Others | Years: | Months: |
| Tanker                                       | Years: | Months: |

Bank Account Details :

|                              |                    |
|------------------------------|--------------------|
| Account Holder's Name :      |                    |
| Name Of Bank & Account No. : | Branch & Address : |
|                              |                    |



| Pre Sea Training / Apprentice (Ship) |      |    |                |
|--------------------------------------|------|----|----------------|
| Name of Institute / College          | From | To | Type of Degree |
|                                      |      |    |                |

| Educational Background |                  |      |    |                    |
|------------------------|------------------|------|----|--------------------|
| Qualification          | School / College | From | To | Percentage / Grade |
|                        |                  |      |    |                    |

| Technical Background |                     |      |    |                    |
|----------------------|---------------------|------|----|--------------------|
| Degree / Diploma     | Institute / College | From | To | Percentage / Grade |
|                      |                     |      |    |                    |

Medical History

| (a) 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   |                    |        |

|   |        |
|---|--------|
| (b) Did you suffer or Are you Presently suffering from any Disease which keeps you unfit for sea service.   | Yes/No |
| (c) Are you addicted to alcohol or drugs of any kind.   | Yes/No |
| (d) Have you suffered from following<br>Malaria                      Diabetes                      Epilepsy                      Nervous Disability |        |
| (e) Did you ever undergo psychiatric treatment :    Yes / No  |        |

Reference

| Sr. No. | Name of the company | PIC | Designation | Phone No |
|---------|---------------------|-----|-------------|----------|
| 1       |                     |     |             |          |
| 2       |                     |     |             |          |

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

For Office use :-

Received By:

\_\_\_\_\_  
Remarks:

\_\_\_\_\_  
Date