

SakshiHritika Marine Pvt. Ltd

Office No-34Soanm CoSociety,
Golden Nest Phase-VI
Bhayander
Mumbai- 400105
Tel: +91 22 65650085
Email:info@sakshihritikamarine.com;
Web Site: www.sakshihritikamarine.com;

App No.:(Office Use)

Please Affix
Recent Passport
Size Photograph

EMPLOYMENT APPLICATION FORM

1. Position

Post applied for	Willing to accept lower rank? Yes/No	Available From: / /
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2. Personal Details

First Name	Middle Name	Last Name/Surname
Indos No:	Date of Birth:	Place of Birth:
Permanent Address.	Present/Temporary Address	
City:	City:	
Post Code Tel:	Post Code:	Tel:
Nearest Airport:	Nearest Airport:	
Email:		

3. a) Family Details

Single : Y/N Married : Y/N Separated : Y/N Divorced : Y/N Widowed: Y/N			
Name of Spouse:			
No. of Children:			
Sr No.	Name	Gender	Age

3. b) Next of Kin

Name:	Relationship:		
Address			
City:	Post Code:	Tel:	Email:

4. Travel Documents

Documents	No.	Date Issued	Expires	Place Issued
Passport/ ENCR: YES <input type="checkbox"/> NO <input type="checkbox"/>				
Seaman Book (CDC): National				
Seaman Book: Others (Please Specify)				
Seaman Book: (-do-)				
US C1/D VISA				

5. Certificate / Courses:

a) Highest Certificate Of Competency / License Held:

Issuing Authority:	Class/Grade	Certificate Number	Date Issued	Expires	Place Issued
Indian					
Panama					
Bahamas					
Others(Please Specify)					

5.b) STCW & Training Courses attended and Certificates held:

Courses / Certificate	Certificate Number	Date Issued	Expires	Place Issued
Pre Sea Training (_____) / Apprenticeship (____)				
Personal Survival Tech <input type="checkbox"/> Y/N <input type="checkbox"/> / PSCRB <input type="checkbox"/> Y/N <input type="checkbox"/>				
Basic First Aid <input type="checkbox"/> / Medical First Aid <input type="checkbox"/> / Ship Master's Medicare <input type="checkbox"/>				
Fire Fighting Basic <input type="checkbox"/> Y/N <input type="checkbox"/> / Advanced <input type="checkbox"/> Y/N <input type="checkbox"/>				
Fast Rescue Boat (FRB)				
Personal Safety & Social Responsibilities				
Automatic Radar Plotting Aid (ARPA)				
Radar, Arpa & Navigation Simulator (RANSCO) / ENS				
GOC / GMDSS				
ISM Code				
SSO-Ship Security Officers Course				
Bridge Team Management Course				
Dynamic Positioning Induction Course				
Dynamic Positioning Simulator Course				
Dynamic Positioning Operators Certificate Course				
Helicopter Underwater Escape Training				
Crane Operators Cert				
Yellow Fever Vaccinations				
DCE-Petroleum <input type="checkbox"/> Y/N <input type="checkbox"/> Chemical <input type="checkbox"/> Y/N <input type="checkbox"/> LPG <input type="checkbox"/> Y/N <input type="checkbox"/>				
Others Certificates / Courses (Please Specify)				
(-do-)				
(-do-)				
(-do-)				

5. c) Watch Keeping Certificate

Certificate to work as: (Deck / Engine) Ratings	Certificate Number	Date Issued	Expires	Place Issued

6. Sea Experience: (Most recent experience on top)

Name of Owners/Managers	Vessel	Type	DWT /GRT	Main Engine (ME)	ME Power	Rank	Date From dd/mm/yy	Date To dd/mm/yy

7. Medical History

Have you ever signed off a ship due to medical reasons	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you undergone any operation in the past	<input type="checkbox"/>	<input type="checkbox"/>
Have you consulted a doctor during the last 12 months for an illness / accident	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any health or disability problems now?	<input type="checkbox"/>	<input type="checkbox"/>

(If the answer is yes to any of the above, please give full details and attaché a separate page if necessary)

8. General

- (a) Have you every been denied a foreign visa? Yes No
- (b) Have you been the subject of a court of enquiry or involved in a maritime accident? Yes No N

(c) References

(Please give references from 2 recent employers who we may contact for references)

Name of Company		
Name of Person to contact		
Address		
Telephone / Fax / Email		

NOTE: (YES/NO – Y/N: PLEASE FILL-IN OR STRIKE OUT WHEREVER IS APPROPRIATE & APPLICABLE)

Declaration:

I hereby certify that I have furnished all above information in good faith with the purpose of employment with your company and that all the data, Including Medical History, is true and can be proven against my original documents (Passport, seaman's book, professional certificates and certificates of discharge), which I will produce at any time upon request by employing office, Master, Shipping Company and /or authorized authority. Should any discrepancy from above stated data arise, I will be fully responsible for the resulting consequences, including, but not limited to, full charges and costs caused by such fact to involved parties for my employment and for immediate repatriation form the Vessel.

Place:

Date :

Signature

(NAME)

RPSL No.-----

Date of Expiry:.....

Acknowledgement Receipt of Bio-Data

Name & Address of Placement Agency: SakshiHritika Marine Pvt Ltd
Office No-34, Sonam Shopping co soc
Golden Nest Phase-VI
Bhayander (E), Mumbai-400105

Name of Seafarer:

Rank:

CDC/PP No.:

Rank Applied for:

Candidate Signature

Signature of FP Manager

(Received Ack.copy of Bio-data)

Note: This is only for receipt of Bio Data and does not guarantee job.

