|  |  |
| --- | --- |
| **VAMSEE SHIPPING CARRIER PRIVATE LIMITED** | Affix Passport Size Photo here |
| **DETAILS OF OFFICERS / CREW** |
|
|
| Rank :  | Emp No.  |   |   |
| Post applied for: |   |   |
| Date of Availability: |   |   |
| **First Name: Middle Name: Surname:** |
| **Nationality: Date of Birth / Place:** |
| **Height / Weight: Colour: Hair/Eyes: B.Suit/S.Shoes Size:**  |
| **Pan Card No.: Email id:**  |
| **Present Address:** | **Tel. No:** |
|  |  |
|  | **Mob No.** |
| **Permanent Address:** | **Tel. No:** |
|  |  |
|  | **Mob No.** |
| **Marital Status:**  | **Next of Kin:**  | **Tel No:** |
| **Children:** | **Relationship:** |  |
|  | **Address:** |  |
|  |  |  |
|  |
| **Dependants Name** | **Date of Birth** | **Relationship** |
|   |   |   |
|   |   |   |
|   |   |   |
|   |
| **License** | **Issuing Authority** | **Grade / Number / Type** | **Date of Issue** | **Date of Expiry** |
| **C.O.C.** |  |  |  |  |
| **Passport** |  |  |  |  |
| **CDC No** |  |  |  |  |
| **Indos No** |  |  |  |  |
| **W.K.** |  |  |  |  |
| **Y. FEVER** |  |  |  |  |
|  |
| **Course / Certificate** | **Number** | **Place of Issue** | **Date of Issue** | **Date of expiry** |
| **Pre-Sea- (G.P. Rating/Saloon/Dk Cdt/Eng Cdt)** |  |  |  |  |
| **Medical First Aid /Medicare** |  |  |  |  |
| **Proficiency in Survival Craft & Rescue Boats (PSCRB)/Personal Survival Techniques(PST)** |  |  |  |  |
| **Fire Prevention & Fire Fighting** |  |  |  |  |
| **Personal Safety & Social Responsibilities** |  |  |  |  |
| **GMDSS** |  |  |  |  |
| **GMDSS ENDORSEMENT** |  |  |  |  |
| **Tasco / OTFC** |  |  |  |  |
| **D.C. Endorsement for Oil Tanker** |  |  |  |  |
| **S.S.O.** |  |  |  |  |
| **Vessel Name** | **Co. Name** | **Flag** | **Type** | **Dk:Trade/DWT Eng:Type/H.P** | **Rank** | **From** | **To** |
|  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |
| **Last Three Employers** |
| **Company Name & Address** | **Person Incharge** | **Designation** | **Tel Nos.** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **Joiners & Offsigners Checklist** |
| **Process** | **YES** | **NO** | **BY** |
| **Application Form received / Scrutinized** |  |  |  |
| **Certificates verified from INDOS Cell** |  |  |  |
| **Candidate interviewed by (Eng/Deck Branch)** |  |  |  |
| **Candidate briefed on Safety Management & Security Aspects of ship.** |  |  |  |
| **Candidate approved for post.** |  |  |  |
| **Master / Ch. Eng / Ch. Off /2nd Eng - Briefed** |  |  |  |
| **Term and conditions discussed with candidate. (acceptable to candidate)** |  |  |  |
| **Candidate informed date of joining**  |  |  |  |
| **Candidate issued safety gears as per regulation** |  |  |  |
| **Article of Agreement signed & Copy given to candidate** |  |  |  |
| **Contract signed and copy handed to candidate** |  |  |  |
| **Arrangements for joining done/Vessel informed.** |  |  |  |
| **Confidential Report (C.R) received from vessel** |  |  |  |
| **C.R. Scrutinised by fleet personnel Manager** |  |  |   |
| **C.R. approved by Sr.VP / VP** |  |  |   |
| **Training Requirement if any informed from vessel** |  |  |   |
| **Individual informed of training requirement** |  |  |   |
| **Master / Ch. Eng / Ch. Off /2nd Eng - debriefed** |  |  |   |
| **AOA of sign off forwarded to Shipping Master** |  |  |   |
| **Copy of AOA (Sign On) forwarded to Shipping Master within stipulated period, Acknowledgement received** |  |  |   |
| **Crew Sign off on completion of contract**  |  |  |   |
| **Off Signers payment dues done** |  |  |   |
| **Crew repatriated to home town**  |  |  |   |
| **Crew overall performance and suitability for next engagement** | **YES/NO** |   |
|   | **Verified By SR.VP / VP /DPA:** | Sign:  |  |   |   |   |   |
| I hereby affirm that all this 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 Licence issued to me has ever been Revoked or Suspended. I also certify that my medical history contained above is True and any false statement or undisclosed Material information about past illness or injury will disqualify me from any employment benefits and claims.  |
| **Date:……………** |   |  |  **Signature of the Seaman ……………………………………………….** |