



VIGIL MARINE SERVICES (P) LTD.

RPSL - MUM - 087

Kindly affix a regular &
recent passport size
PHOTOGRAPH .

APPLICATION FORM

Date :

Rank Applied For :		Date of Availability	
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PERSONAL DESCRIPTION AND INFORMATION

Name Last:		First:		Middle:	
Birth Date:		Place & Country:		Nationality:	
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	
Permanent Address & Contact Details					
	City		State		Country
					ZipCode
STD Code		Res.		Fax:	
				Mobile:	
				Email	
Correspondence Address & Contact Details :					
	City		State		Country
					Zip Code
STD Code		Res.		Fax:	
				Mobile:	
				Email	
Marital Status		No. of Children		Nearest Airport / Station	
Next of Kin - [Name , Address & Contact Details]	Name				Relationship
					City
	State		Country	INDIA	Zip Code
Std. Code		Res.		Fax:	
				Mobile:	
				Email	
Emergency Address (If Family on Board):					
	City		State		Country
					Zip Code
STD Code		Res.		Fax:	
				Mobile:	
				Email	
Name of Wife & Child	Relation	Date of Birth	Place of Birth	Passport No.	Date of Issue
					Date of Expiry
					Place of Issue
					ECNR

Certificate of Competency	Number	Date of Issue	Date of Expiry	Place / Country of Issue.
Revalidation Details				
Seaman Book [C.D.C]	Number	Date of Issue	Date of Expiry	Place of Issue
INDIA				
LIBERIAN				
ANY OTHER ()				

COURSES AND CERTIFICATE (STCW 95) & 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 (Specialised) Familiarisation	OIL				
	drop				
	GAS				
D	Petroleum	drop			
C	Chemical	drop			
E	LPG	drop			

STSDSD

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	GRT	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	

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	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 : _____

Signature of Applicant

FOR OFFICE USE ONLY

VERIFICATION OF DOCUMENTS

Original COC / Passport / CDC	Yes	No	Signature of Office Staff	
STCW Courses and Training Certificates	Yes	No	Signature of Office Staff	

COMPUTER TEST RESULTS (RATINGS)

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	
TOTAL		TOTAL		TOTAL	

RESULTS OF FINAL ASSESSMENT / INTERVIEW

Accepted, considering company age limit for current capacity : Yes / No

Signature of Manager [F.P.]

Date: _____