

PHOTO

# BIODATA / APPLICATION FORM

PERSONAL DATA

|  |  |  |
| --- | --- | --- |
| **First Name** | **Middle Name** | **Surname** |
| Nationality | Date of Birth | Place of Birth |
| **Post Applied For** | Willing to Accept Lower Rank? Yes / No | Available From:  / / / |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Passport No:** | **Date of Issue** | **Place of Issue** | **Date of Expiry** | **ECNR** | **Minimum 4**  **Blank Pages** |
|  |  |  |  | Yes/No | Yes/No |
| U.S. VISA  **C1/D :** |  |  |  | MUI No: | Membership  Yes / NO |

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| --- | --- | --- | --- | --- | --- |
| **Seaman’s Book (CDC)** | **Number** | **Date of Issue** | **Place of Issue** | **Expiry Date** | **Remark** |
| Indian |  |  |  |  |  |
|  |  |  |  |  |  |

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| **License** | **Grade** | **Number** | **Date of Issue** | **Place of Issue** | **Date of Expiry** |
| Indian |  |  |  |  |  |
| U.K. |  |  |  |  |  |
| Others |  |  |  |  |  |
| **GMDSS** |  |  |  |  |  |
| **GMDSS Endorsement** |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Civil Status: Single/ Married/ Separated/ Divorced/ Widowed** | | | |
| Full Name of Next of Kin: | | | Relationship: |
| Address of Next of Kin: |  | | |
|  | | Phone-STD Code: Phone No.: | |

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

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| **Family**  **Data** | **Name** | **D.O.B** | **PPT.No.** | **D.O.I** | **Place of Issue** | **D.O.E** | **ECNR** |
| Wife |  |  |  |  |  |  |  |
| Child M/F |  |  |  |  |  |  |  |
| Child M/F |  |  |  |  |  |  |  |
| **\* TickValidity Date** | **Visa** | **USA (B1/B2)** | **UK** | **Australia** | **Brazilian** | **Others** |  |

|  |  |  |  |  |
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| **Details of Courses & Certificates** | **Number** | **Date of Issue** | **Date of Expiry** | **Issued by** |
| **STCW Courses:** |  |  |  |  |
| Basic Fire Fighting (BFF) |  |  |  |  |
| Proficiency in Survival Technique (PST) |  |  |  |  |
| Elementary First Aid (EFA) |  |  |  |  |
| Personal Survival & Social Responsibility (PSSR) |  |  |  |  |
| Advanced Fire Fighting (AFF) |  |  |  |  |
| Proficiency in Survival Craft & Rescue Boat (PSCRB) |  |  |  |  |
| Fast Rescue Boat (FRB) |  |  |  |  |
| Medical First Aid (MFA) |  |  |  |  |
| Medicare |  |  |  |  |
| Radar Observer / ARPA |  |  |  |  |
| Radar Simulator (RANSCO) / ENS |  |  |  |  |
| Ship Handling Simulator |  |  |  |  |
| **Tanker courses:** |  |  |  |  |
| LCHS |  |  |  |  |
| Oil Tanker Familiarization (OTFC) |  |  |  |  |
| Chemical Tanker Familiarization (CTFC) |  |  |  |  |
| Gas Familiarization (GTFC) |  |  |  |  |
| Petroleum Tanker Safety (STPOTO) |  |  |  |  |
| Chemical Tanker Safety (CHEMCO) |  |  |  |  |
| Gas Tanker Safety (GASCO) |  |  |  |  |
| Engine Room Simulator (ERS) |  |  |  |  |
| **Other Courses:** |  |  |  |  |
| Hazmat Course |  |  |  |  |
| Bridge Team Management (BTM) |  |  |  |  |
| **Others: [MANDATORY]** |  |  |  |  |
| Yellow Fever |  |  |  |  |
| STSDSD (**FOR CREW)**/  SSO Course/(**FOR OFFICERS**) |  |  |  |  |
| INDOS NO |  |  |  |  |
| Revalidation course |  |  |  |  |
|  |  |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Pre Sea Training / Apprentice ship/ {Please mention the Institute name}** |  |  |  |
| Name of Institute / College | From | To | Type of Degree |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| S.S.C (10th) Marks : % | H.S.C. (12th ) Marks : % | H.S.C. (PCM) % |

**Previous Sea Service (**Commencing from Last Vessel) (**PLEASE FILL THE GRT/KW AS PER STCW REQUIREMENT) (1KW = 1.37 BHP)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr.No. | Name of Company | Name of Vessel | Type | GRT | KW | Engine type/ UMS  Y / N | Trading Area | Port of  Registry | Rank | From | To | Total MM/DD | Reason for S/OFF |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |

Where did you get to know NEW HORIZONS SHIP MANAGEMENT COMPANY

a. Word of mouth b. Print media (state which) c. Contacted NSHM Staff d. Web Sites

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# Medical History

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| --- | --- | --- |
| 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 likely to render you unfit for Service at Sea or likely to endanger the health of others on board. | Yes/No | |
| (c) Are you addicted to alcohol or drugs of any kind. | Yes/No | |
| (d) Have you suffered from following  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** |  |  |  |  |
| **3** |  |  |  |  |
| **For Office Use** | | | | |
|  | | | | |

I warrant and represent that:

1. The foregoing details are true and accurate and complete

2. There are no contractual or other restrictions (other than official visa/ work.Permit Approvals) or health conditions that may in any way pr

Prevent or restrict me form being employed by you and fully performing my work and duties; and

3. I apply for employment with you by my own free will without any inducement or representative from you or your agents.

4. Future that no Certificate of competency or license issued to me has ever been revoked or suspended.

5. 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\_\_\_\_\_\_\_\_\_\_\_ Rank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Seaman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(**FOR OFFICE USE ONLY) INITIAL INTERVIEW** (Tick as applicable)

Original licenses sighted [ ] Checked by [ ]

STCW and Training Certificates sighted [ ] Checked by [ ]

Experience confirmed by interview [ ] Checked by [ ]

Other details confirmed by interview [ ] Checked by [ ]

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| A : Professional knowledge | VG / G / S / P | B : General awareness | VG / G / S / P |
| C : Attitude/CS | VG / G / S / P | D : FE | VG / G / S / P |
| E : Safety awareness | VG / G / S / P | F : LTP | VG / G / S / P |

**Assessment & Evaluation by , Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Approved By CEO Yes [ ] No [ ]

Approved By Head Office for Top 4 Officers Yes [ ] No [ ]