

Chellship Application Form

Application

AFFIX PASSPORT SIZE PHOTO HERE	
Position Applied for	Chief Captain
How were you introduced to Chellaram Shipping?	Others Heii

Personal particulars

INDOS No.	IND4004	
Name (as per passport)	Arjun M v	
Date of birth: 2002-12-24	Age: 30	Place of Birth: Mattannur
Height	Weight: 153.33	
Nationality	Religion: Indian	
Mother tongue: Malayalam	Spoken Languages: Malayalam,English,Hindi	Written Languages: Malayalam,English,Hindi
Native Place: Kerala	Currently resident: Kerala	
Marital Status	Single	

Permanent Address	Illath Veedu, Edayannur, Edayannur(PO), Keezhallur 670595	
Tel No.: 1234567890	Mobile: 09977665544	E-mail: arjunbabup803@gmail.com
Present Address	Illath Veedu, Edayannur, Edayannur(PO), Keezhallur 670595	
Tel No.: 12345690	Mobile: 09977665544	E-mail: arjunmvbabu@gmail.com

Family particulars

Next of Kin	Name: Relationship: Address: Tel No.: E-mail:
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Wife	Name: Sex: D.O.B./P.O.B.: PP No.: ECNR: <input type="radio"/> Yes <input type="radio"/> No Date/Place Issued:
Child – 1	Name: Sex: D.O.B./P.O.B.: PP No.: ECNR: <input type="radio"/> Yes <input type="radio"/> No Date/Place Issued:
Child – 2	Name: Sex: D.O.B./P.O.B.: PP No.: ECNR: <input type="radio"/> Yes <input type="radio"/> No Date/Place Issued:
Child – 3	Name: Sex: D.O.B./P.O.B.: PP No.: ECNR: <input type="radio"/> Yes <input type="radio"/> No Date/Place Issued:

Educational Background - prior Pre-Sea Training

Name: School / College	From: To: Percentage/Marks Scored: Position/Degree/Diploma:
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Pre-Sea Training

Deck Officers - if no Pre Sea training done, then state the “Direct” cadet period.

Engineer Officers - to additionally state the name of the workshop attended

Pre Sea Training Institute	
Date Commenced	Date Completed: <input type="text"/> Degree/Diploma/Certificate: <input type="text"/> Class Obtained: <input type="text"/>
Name of Workshop	

Personal Identity Documents Held

Documents	Country	Number	Issue Date	Expiry Date	Place of Issue	
Passport	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
US C1/D Visa	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ECNR	<input type="radio"/> Yes <input type="radio"/> No					
Indian CDC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Seaman book	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Have you ever been rejected for any Visa applied for?	<input type="radio"/> Yes <input type="radio"/> No
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Certificate of Competency

State details of highest Certificate of Competency held	Certificate: <input type="text"/> Grade: <input type="text"/> Issuing Country: <input type="text"/> Certificate No.: <input type="text"/> Date Issued: <input type="text"/> Place Issued: <input type="text"/> Valid Until: <input type="text"/>
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Certificate of competency & ATO issued by Hong Kong:

Certificate / License	Certificate No.	Date of Issue	Place of Issue	Valid Until	
Hong Kong License	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Authority To Operate (ATO)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Courses attended and Certificates obtained

Course	Institute / Place	Certificate No.	Date Issued	Valid Until	
Elementary First Aid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Medical First Aid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Ship Master’s Medicare	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Personal Survival Techniques	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
PSC – RB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Fire Fighting & Fire Prevention	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Advance Fire Fighting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
PSSR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Radar Observer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ARPA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Radar Simulator / RANSCO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Ship / Engine Simulator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ECDIS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
GMDSS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

STCW Endorsement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
ISO / ISM Auditor Course	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Bridge Team Management	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Bridge Resource Management	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
AMOS-4W Course	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Computer Literacy

Application Familiar (Word,Excel,etc.)	<input type="radio"/> Yes <input type="radio"/> No
Planned Maintenance System(PMS)	<input type="radio"/> Yes <input type="radio"/> No
Training Undergone for AMOS4W	<input type="radio"/> Yes <input type="radio"/> No
ISPS course	<input type="radio"/> Yes <input type="radio"/> No
SSO course (Maritime Administration Approved	<input type="radio"/> Yes <input type="radio"/> No

Yellow Fever Vaccination (Date & Place of Issue)	<input type="text"/>

General

Have you ever been involved in a court of enquiry or maritime accident?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever had your Certificate of Competency suspended or revoked?	<input type="radio"/> Yes <input type="radio"/> No

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References

State details of the Superintendent / Manager of your current or immediate past employers as below :

Name of Company	Superintendent/Manager's Name & Designation: / Place	Telephone:
<input type="text"/>	<input type="text"/>	<input type="text"/>

General