

Chellship Application Form

Application

AFFIX PASSPORT SIZE PHOTO HERE	
Position Applied for	
How were you introduced to Chellaram Shipping?	<ul style="list-style-type: none">• Advertisement - Seamen's Club / Newspaper / Shipping Publication• Internet - Company's website / Other site (name it)• Friend(s) - in Chellaram Shipping / not in Chellaram Shipping• Others - (Specify)

Personal particulars

INDOS No.	
Name (as per passport)	Last: <input type="text"/> First: <input type="text"/> Middle: <input type="text"/>
Date of Birth	Age: <input type="text"/> Place of Birth: <input type="text"/>
Height	Weight: <input type="text"/>
Nationality	Religion: <input type="text"/>
Mother tongue	Spoken Languages: <input type="text"/> Written Languages: <input type="text"/>
Native Place	Currently resident: <input type="text"/>
Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed
Permanent Address	
Tel No.	Mobile: <input type="text"/> E-mail: <input type="text"/>
Present Address	
Tel No.	Mobile: <input type="text"/> E-mail: <input type="text"/>

Family particulars

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

Educational Background - prior Pre-Sea Training

Name: School / College	From: <input type="text"/> To: <input type="text"/> Percentage/Marks Scored: <input type="text"/> Position/Degree/Diploma: <input type="text"/>
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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