

APPLICATION FORM / PERSONAL **** * FORM

APPLIED ** OFFICE ** CITY / COUNTRY:

PRESENT RANK		DATE OF APPLICATION	
RANK APPLIED		DATE OF AVAILABILITY	

1. PERSONAL DETAILS

NAME	Hrithik Hadawale				
Date of Birth	Dec. 31, 2022	Place of Birth	jhbjh	Nationality	IN
Marital Status	Married	UnMarried	Smoker: Smoker	Non- Smoker:	Smoker
Permanent Address:			Present Address:		
room no 12 bhimashankar society parerawadi aslpha ghatkopar west			room no 12 bhimashankar society parerawadi aslpha ghatkopar west		
City & Pin Code : Mumbai , 12345			City & Pin Code : None, None		
Telephone : 09082363252			Telephone : 09082363252		
E-mail 1 : hrithikhadawale75@gmail.com			E-mail 2 : None		
Nearest Domestic Airport : jhhvjvj			Nearest International Airport:: None		

2. NEXT OF KIN / DEPENDENTS

Name / RELATION :			
ADDRESS :			
NAME	RELETIONSHIP	D.O.B	PP NO/ ANY OTHER ID

3. PASSPORT DETAILS

	NUMBER	PLACE ** ISSUE	DATE OF ISSUE	DATE OF EXPIRY
PASSPORT				
US VISA (C1/D)				
YELLOW FEVER				

4. CONTINUOUS DISCHARGE CERTIFICATE / SEAMEN BOOK

CDC	NUMBER	PLACE OF ISSUE	DATE OF ISSUE	DATE OF EXPIRY
INDIAN				
PANAMA				
OTHERS				

5. ACADEMIC QUALIFICATIONS

	Name Of Institute/ City	Grade/Degree	From (Year)	To (Year)
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ELEMENTATY				
SECONDARY				
UNIVERSITY				
PROFESSIONAL QUALIFICATION				

6. *****/ CERTIFICATES OF COMPETENCY

Issuing authority	Grade	Number	Date of issue	Date of Expiry	Date Revalidation	STCW 2010 YES NO	
INDIAN/ UK							
AUS/ SINGAPORE							
PANAMA							
OTHERS							

7. STCW AND OTHER CERTIFICATES

STCW Courses	Certificate No	Date of Issue	Date of Expiry	***** of Issue	Issuing Authority/ INSTITUTE
AFF (Fire Fighting)					
FP&FF					
EFA					
*** / MEDICARE					
PST					
PSCRB (Survival)					
PSSR					
SSO					
STSDSD					
ROC					
ARPA					
GMDSS (GOC)					
GMDSS ENDORSEMENT					
REFRESHER & UPDATING					
RANSCO / NARAS					
SMS					
INDOS NO.					
SIMULATOR TRAINING					
ENGINE ROOM SIMULATOR					
BTM					
MARPOL					
ECDIS (Generic)					
ECDIS (type specific)					
RAAI					
BRM / ERM					
BALLAST WATER MANAGEMENT					
***** VESSEL ***** SIMULATOR COURSE					
TANKER COURSES					
TASCO / TANK FAM					
CHEMCO / CHEM FAM					
***** / GAS FAM					
*** PETROLEUM					
DCE CHEMICAL					
DCE GAS					
LIQUID ***** & BALLAST					
OTHER COURSES					
MARITIME ENGLISH					
SHIP HANDLING & MANOEUVRING					

8. REFERENCES (***** give two references/companies **** we can ask about your ***** experience)

Name	Company/Designation	Telephone/Contact NO.
1		
2		

9. HOW DID YOU COME TO KNOW ABOUT US? (Please tick the appropriate medium) ✓

	Company presentation/seminar						
A		B	***** Club notice-board		C	Marine magazine advertisement	
D	Newspaper advertisement	E	Told by seagoing friend (s)		F	Direct Mail from Company	
G	Others (Please specify)						

10. PERSONAL DETAILS

Height: Weight: BMI:
Color of eyes: Color of Hair:
*** major illness / Surgery: (If “YES”, kindly ***** details separately)
Have any defect ** hearing _____ in vision _____ in speech _____?
If your ***** is affected by *** particular climate? Please State:

11. LAST DRAWN WAGES:

12. ***** INFORMATION:

	YES	NO
Have you applied to this company before?		
Have you ever been bonded by any insurance company or bonding agency?		
Have you **** been convicted ***** Offence, ***** than minor traffic regulation? If yes give full details:		
Have you ever been ** a **** involved in an incident? If yes give full details:		
*** your certificate ever been suspended? If *** state date of suspension:	From	TO

13. Reason for Application:

State why *** wish to leave your present employment	
*** may add **** anything further you wish ** in ***** of **** application	
May we approach your present employer for a reference? If yes **** contact details	Yes No
What notice do you require to attend ** interview?	

14. SEA EXPERIENCE: (**** recent ** Top)
Special Experience:

Employer	RPSL Agent	Vessel NAME & Type	***** /Motor	DWT/GRT	RANK	Engine MODEL	BHP	Manned ** Unmanned Engine Room	FROM	TO	TOTAL

15. On-***** Service

S	Employer	Title	Workshop/	Name **	** of Personnel	Size &	Period	*** ***** useful
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NO			Shipyard	***** Machines You ***** with	Supervised by you	tonnage of Vessel Repaired	From - To	information

16. DECLARATION

I ***** that the information given by me ** filling up this **** to the best of my knowledge are true complete. I also declare that the documents submitted to **NAUTICAL MARINE MANAGEMENT SERVICES PVT. LTD.** Are genuine, given and signed by the persons whose names appear on them. *** false declaration *** render me liable *** termination or dismissal

Date : _____

SIGNATURE OF APPLICANT : _____