

F-NETI-354C	
S.N.	

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PDE ASSESSMENT RESULTS FO	R	Able Seaman (Position)				
Last name First name	Middle name	Suffix	Age			
Passport No.	Passport Expiry Date:	ort Expiry Date:		Medical Expiry Date:		
Position Able Seaman				Application Date		
Address/Company Name				Receipt No.		
DOCUMENTARY ASSESSMENT		COMPLIA	IANT NON-COMPLIANT			
1. 2pcs 2 x 2 picture						
2. Valid Medical Certificate						
3. Latest Passport		_				
4. Seaman's Identification Records (front page ar	nd pages with last entry)					
<ol><li>Seafarers with Designated Security Duties with Training (SDSD With SAT)</li></ol>	th Security Awareness					
6. Basic Training Certificate / BT- COP						
7. PSCRB Training Certificate / PSCRB -COP (I	F ANY)					
8. Rating Forming Part of a Navigational Watch (IF ANY)	Training Certificate					
9. Certificate of Proficiency For Rating Forming Watch (MARINA II/4)	Part of a Navigational					
Result of Assessment:						
For submission of non-conmpliant documents						
Non-compliant documents were submitted and fully compliant						
Application is fully compliant						
Assessor's Name and Signature						
This is to certify that the name appearing	ng above has (Passed / Fa	ailed) the doc	umentary	requirements.		
Prepared by:	Reviewed by:		Approved by:			
<del></del>						
Assessor	Department / Section Head	ment / Section Head		General Manager		