

TRAINING SHIP RAHAMANREV. NO. 01
REV: DATE: 08/2013

STCW : FRB

TSR:ALL:APLC:16
Page 1 of 2PASSPORT
SIZE PHOTO**APPLICATION FORM****APPLICATION FORM FOR STCW COURSES /OFFSHORE**

COURSE : _____

DURATION FROM _____ TO _____

NAME OF APPLICANT (BLOCK LETTERS) _____

SURNAME

FIRST

MIDDLE

NATIONALITY _____ DATE OF BIRTH _____

(DD/MM/YY)

C. D. C. NO. _____ PASSPORT NO. _____

INDIAN NATIONAL DATABASE (INDos No.) _____

GRADE / CERT. OF COMPETENCY No. _____

RANK / CATEGORY OF CANDIDATE _____

SHIPPING COMPANY _____

DECLARATION :

I HEREBY INDEMNIFY THE SMYSW FOUNDATION, ITS CAPTAIN SUPERINTENDENT AND ITS OFFICERS FROM ANY CLAIM WHATSOEVER ARISING FROM PERSONAL INJURY, DEATH, SICKNESS OR ANY OTHER HARM SUFFERED BY ME AS A RESULT OF MY UNDERGOING THE SAID COURSE. I CONSENT TO ANY EMERGENCY MEDICAL TREATMENT WHICH MIGHT BE NECESSARY, AND TO PAY ALL CHARGES CONNECTED THEREWITH TO THE FOUNDATION AND IN THE EVENT OF MY SUSTAINING ANY INJURY OR ILLNESS DURING THE PERIOD OF MY TRAINING AT 'T.S. RAHAMAN' WHICH MAY WARRANT HOSPITALISATION, I OR MY NEXT OF KIN / RELATIVE WHOSE NAME AND ADDRESS IS MENTIONED BELOW SHALL BEAR IN FULL, ALL THE EXPENSES INCURRED FOR MY HOSPITALISATION BEFORE MY DISCHARGE FROM THE HOSPITAL, AND ABSOLVE SIR MOHAMED YUSUF SEAMEN WELFARE FOUNDATION FROM ANY FINANCIAL OR OTHER RESPONSIBILITY, WHATSOEVER FOR THE SAID TREATMENT.

NAME, ADDRESS & TELEPHONE NO. NEXT OF KIN / RELATIVE : _____

E-MAIL: _____

PIN: _____

TELEPHONE NO. _____

THE FOLLOWING DOCUMENTS ARE HERE WITH ATTACHED :

1. ORIGINAL AND PHOTOCOPY OF CDC, PASSPORT, CERT. OF COMPETENCY AND RELEVANT BASIC STCW COURSE CERTIFICATE
2. ORIGINAL RECEIPT TOWARDS COURSE FEES PAID.
3. CERTIFICATE OF FITNESS FROM A REGISTERED MEDICAL PRACTITIONER.
4. ORIGINAL AND PHOTOCOPY OF PEFA/PST/FPFF AS REQUIRED.
5. 2 PASSPORT SIZE PHOTOGRAPHS.

SIGNATURE OF CANDIDATE : _____ DATE : _____

FOR OFFICE USE ONLY

FEES RECEIVED : YES / NO _____ RECEIPT NO. _____ DATE _____ PAID AT _____

RESIDENTIAL / NON RESIDENTIAL _____ CERTIFICATE NO. _____

SIGNATURE OF BOOKING CLERK _____

1. ALL SEAFARERS HOLDING A VALID CDC , PASSPORT, PSC&RB CERTIFICATE & INDOS.
2. MEDICAL FITNESS CERTIFICATE FROM A D.G.S. APPROVED DOCTOR (CERTIFICATE SHOULD NOT BE MORE THAN 1 MONTH OLD ON THE DATE OF COMMENCEMENT OF THE COURSE)
3. 2 PASSPORT SIZE PHOTOGRAPHS.

Checked by : _____

Verified by : _____

ABBREVIATIONS

TSR : Training Ship "Rahaman"

FRB : Fast Rescue Boat

D.G.S.: Director General of Shipping