SEAFARER'S ASSESSMENT CUM APPLICATION FORM FOR COC

(F-13/01)

1. Name of the seaman: _____
2. Rank Applied for: _____
3. Date of Birth: _____ Nationality: _____
4. Seaman ID Book No: _____ Issued by _____ on _____
5. Passport No.: _____ Expires on _____
6. Full Address: _____

_____

Contact No: _____ Email Id: _____

7. Other License in Possession with:

Sl.No.	License/COC	Date of Issue	Place of Issue	Remarks
1				
2				
3				
4				
5				
6				

8. Last 05 years Sea Experience:

Name of Vessel	Grade	GRT/NRT	From	To	Total no. of Months/Days

Name of Vessel	Grade	GRT/NRT	From	To	Total no. of Months/Days

I acknowledge that the information mentioned above are true & best to my knowledge and belief. If documents found false or manipulated then my documents will be cancelled and no fee will be refunded.

Name & Signature of Candidate: _____ Sign.: _____

Date: _____ / _____ / _____

Attached following Documents on email:- maritime@alexarya.org

1. International Passport Copy
2. Current Certificate of competency
3. Passports Size Photo
4. Valid STCW Certificate
5. Seaman Book Page Showing Sea Experience

FOR OFFICIAL USE ONLY

Remark of Assessment Officer:

_____

_____

Name: _____ Sign.: _____

Date: _____

Office seal