

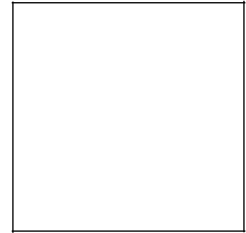


ZINGO MARINE SERVICE LLP

C- wing office no 327 Shanti shopping centre near railway station, Mira Road (East)
Thane -401107 TEL-02249634556, Contact -7900027052 / 7900027035

Email-zingomarine@gmail.com, info@zingomarine.com

www.zingomarine.com



OFFICERS APPLICATION FORM

Personal Details:

First Name:	Middle Name:	Surname:
Nationality: INDIAN	Date / Place of Birth:	Available From:
Post Applied For:	Willing to Accept Lower Rank?	Last drawn wages:
MUI Membership No.:	INDOS No.:	Expected Wages:

Permanent Address:		Present Address:	
PIN Code:		PIN Code:	
STD Code:	Phone Number:	STD Code:	Phone Number:
Email:		Mobile No:	

Travel Documents Details:

Passport No:	Date of Issue	Place of Issue	Date of Expiry	ECNR	Minimum 4 Blank Pages
U.S. VISA C1/D No.:					

Seaman's Book (CDC)	Number	Date of Issue	Place of Issue	Expiry Date
Indian				
Panamanian				
Others				

Certificate of Competency Details:

License	Grade	Number	Date of Issue	Place of Issue	Date of Expiry
Indian					
U.K.					
Panamanian					
Others					
GMDSS (Deck Officers)					
GMDSS Endorsement					

Yellow Fever Details

Number	Date of Issue	Place of Issue	Expiry Date

Next of Kin Details:

Full Name of Kin :	Relationship:
Address of Next of Kin:	
STD Code:	Phone Number:
Mobile No.:	

Family Details	Name	D.O.B.	PPT. No.	D.O.I.	Place of Issue	D.O.E.	ECNR
Wife							
Child M/F							
Child M/F							

Height : Cm:	BMI :	Weight: Kg:
Boiler Suit Size (S , M , L , XL , XXL):		Shoe Size (6 , 7 , 8 , 9 , 10 , 11):

Details of courses & certificates:

STCW Courses:	Number	Date of Issue	Date of Expiry	Issued By / Place of Issue
Advanced Fire Fighting (AFF) / FIRE PREVENTION & FIRE FIGHTING (FPFF)				
Medical First Aid (MFA) / ELEMENTARY FIRST AID (EFA)				
Proficiency in Survival Craft & Rescue Boat (PSCRB)				
Personal Survival Technique (PST)				
Personal Survival & Social Responsibility (PSSR)				
Medicare (Deck Officers)				
Radar Observer / ARPA (Deck Officers)				
Radar Simulator (RANSCO)				
Ship Handling Simulator				
SSO Course				
Fast Rescue Boat (FRB)				
ECDIS (Deck Officers)				
Revalidation / Upgradation Course				
Engine Room Simulator				
Tanker Courses:				
LCHS				
Oil Tanker Familiarization (OTFC)				
Chemical Tanker Familiarization (CTFC)				
Gas Familiarization (GTFC)				
Petroleum Tanker Safety (TASCO)				
Chemical Tanker Safety (CHEMCO)				
Gas Tanker Safety (GASCO)				
Optional Courses:				
Hazmat Course				
Bridge Team Management (BTM)				
Others:				

Dangerous Cargo Endorsements (DCE)	Nationality	Grade/Level I/II	Number	D.O.I	Place of Issue	D.O.E
Oil						
Chemical						
Liquefied Gas						

DP Certification (Please tick accordingly)	
Type of Certificate	Basic <input type="checkbox"/> Advance <input type="checkbox"/> Limited <input type="checkbox"/> Full <input type="checkbox"/>
Length of DP Watch keeping	(Total DP hours & months onboard)
Vessel Class	

Offshore Certificates

Certificates	Number	Date of Issue	Date of Expiry
HUET			
Police Clearance Certificate (PCC)			
BOSEIT (OPITO Approved) Please tick if YES <input type="checkbox"/>			
Food Handling			
Crane Operator Training Certificate			
Rigging and Slings			

Please give details of the following:-

Reason for leaving present company-
If sailed on bulk carrier vsI, pls specify if it is Geared Or Gearless-
Pls advise reason for short contract if any-
Any taking over of experience of vessel-
Working experience with mixed crew, pls. advise nationality-
Any Medical illness history-
Type of Engine -
Type of Cargo Loading-

Declaration of Applicant

Total Sea Service of Position Applied for:		
Type: Bulk /Gen cargo/container/Ro Ro/Others	Years:	Months:
Tanker	Years:	Months:

Bank Account Details :

Account Holder's Name :	
Name Of Bank & Account No. :	Branch & Address :

Pre Sea Training / Apprentice (Ship)			
Name of Institute / College	From	To	Type of Degree

Educational Background				
Qualification	School / College	From	To	Percentage / Grade

Technical Background				
Degree / Diploma	Institute / College	From	To	Percentage / Grade

Medical History

(a) Have you ever signed off from a ship due to Medical reasons, (If Yes, give details)			Yes/No
Name of Vessels	Date of Occurrence		
Brief Description of Illness / Injury/ Accident			

(b) Did you suffer or Are you Presently suffering from any Disease which keeps you unfit for sea service.	Yes/No
(c) Are you addicted to alcohol or drugs of any kind.	Yes/No
(d) Have you suffered from following Malaria Diabetes Epilepsy Nervous Disability	
(e) Did you ever undergo psychiatric treatment: Yes / No	

Reference

Sr. No.	Name of the company	PIC	Designation	Phone No
1				
2				

I hereby affirm that all the information provided by me in this application is true and correct to the best of my knowledge and belief; further, that no Certificate of competency or License issued to me has ever been Revoked or Suspended.

Applicant's Signature

Date

For Office use :-

Received By:

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