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

<u>Email-zingomarine@gmail.com</u>, <u>info@zingomarine.com</u> www.zingomarine.com

		<u>CF</u>	REW APPLI	[CA	ATION	FORM	<u>1</u>				
Personal Deta	ils:							<u> </u>			
Post Applied :			Date Available	e:							
Full Name :						NUSI	Mem	bership No. :			
Date of Birth :				Pla	ace of Birt	h :					
Permanent Addres	s:										
Phone :		Mobi	le:			Email:					
Next of Kin:						Relationship:					
Address & Contact	Nos.:										
Nearest Airport :											
Travel Docum	ents Details:										
			_				uing Authority /	Place of			
Decement No.	Document No).	Date of Issue	е	Date of I	xpiry	EC	NR	Issue		
Passport No.											
CDC (Indian) CDC (Liberian)				-			+				
CDC (Panama)							+				
Others				-			+				
US Visa (C1/D)				-			+				
Yellow Fever											
1011011110101	l			·							
Details of Wat	ch keeping:										
	Cert. No.		Date of Issue		Issued By			Date of Expiry	Place of Issue		
Indian			†		†		-+				
Panama			1		1		$\overline{}$				
COP					1						
,	dalam / Ett		,						J		
Type of Cert.	eider / Fitters		t No.		Date	of Issue	<u> </u>	Issued By	Date of Expiry		

6G / 4G / 3G / 2G

Next Of Kin De	tails:				_						
Full Name of Kin:					Relationship:						
Address of Next of	Kin:										
					STD Co		Ph	one Number:			
				Mobile	No.:						
Family Details	Name	D.O.	.B.	PPT. No.	D.O.I.	D.O.I. Place of I		D.O.E.	ECNR		
Wife											
Child M/F											
Child M/F											
Height:	Cm:				Weight		K	g:			
Boiler Suit Size (S, M, L, XL, XXL)					Shoe S	ize (6,	, 7 , 8 , 9 , 10 , 11):				
Course Details											
course betains	•		Date	e of Issue	Certificate	e No.	Issued	By Date of E	xpirv		
EFA / MFA				<u> </u>	00111110011		1000.00		- X - X		
PSSR											
PST											
FPFF			+								
PSCRB											
Refresher + Updatir	ng Course / Rat	tina	+								
Oil Tanker Fam. Co		<u>.</u>	+								
OIL DCE	(0110)										
Chemical Tanker Fa	am. Course (C1	FC)	1								
Chemical DCE	(* .	. • /	1								
Gas Tanker Fam. C	Course (GTFC)		1								
Gas DCE	(011.0)										
ISPS / SSO											
Maritime English			1								
Cookery Cert. (For	Cook)		-								
Pre Sea											
Optional Course	 es										
•											
Offshore C	ertificates:										
	ficates			Num	ber	Date	of Issue	e Date of	Expiry		
HUET									• •		
Police Clearance C	ertificate (PCC)									
BOSEIT (OPITO Ap	oproved)										
Please tick if YES	Ť ′										
Food Handling											
Crane Operator Tra	ining Certificate	9									
Rigging and Slingin	g										
Please give deta	ails of the fo	llowing	11-								
Reason for lea											
If sailed on bu					eared Or Ge	arless					
Pls advise reas					<u></u>	411000					
Any taking ove											
Working exper					e nationality	/					
Any Medical ill			7	p.0 aav.0							
	-										
Account Holder's Na											
Name Of Bank & Ad	ecount No :			1	Branch & Addı	.000					
Name of Dank & AC	Count NO				Dianon & Addi						

Previous Sea Service (Commencing from Last Vessel) (PLEASE FILL THE GRT/KW AS PER STCW REQUIR

Sr. No.	Name of Ship Owners /Managers	Name of Manning Agency	Name of Vessel	Type of vessel	GRT/ DWT	KW/ BHP	Engine Type	Descripti on of Voyage (FG/NCV /HT)	Rank	From
						•				
				-		-				
				-		-				

Pre Sea Tr	raining / Apprentic	ce (Ship)								
Name of Institute / College				From			Type	of Degree		
Education	al Background						I			
Qualification		ege	From		То		Percentage	/ Grade		
		9			10		. oroomage			
Technical	Background									
Degree / Dip		ge	From To			Percentage / Gra		/ Grade		
edical Hist	tory									
(a) Have y	ou ever signed of	f from a ship o	due to M	ledical r	eason	s, (If Yes, o	give deta	ails)	Yes/No	
Name of V	/essels		Da	ate of O	ccurre	nce				
Brief Desc Accident	cription of Illness ,	/ Injury/								
/I > 5: I			· ·		<u> </u>				T >/ (>)	
(b) Did yo unfit	ou suffer or Are yo	u Presently su	iffering	from an	y Dise	ase whic	п кеер	s you	Yes/No	
	a service.)/ (NI	
	addicted to alcohol or di								Yes/No	
(d) Have you Malaria	ı suffered from following Diabetes		Epilepsy	l	Nervous	Disability				
(e) Did you e	ever undergo psychiatri	c treatment : Yes	/ No							
Reference										
Sr. No.	Name of the co	ompany	1	PIC	1	Designa	ıtion	Phor	ne No	
1										
2										
	irm that all the informat er, that no Certificate of								ledge and	
Applicant's S	ignature							Date		
For Office us	e :-									
Received By:	:									
Remarks:								Date		